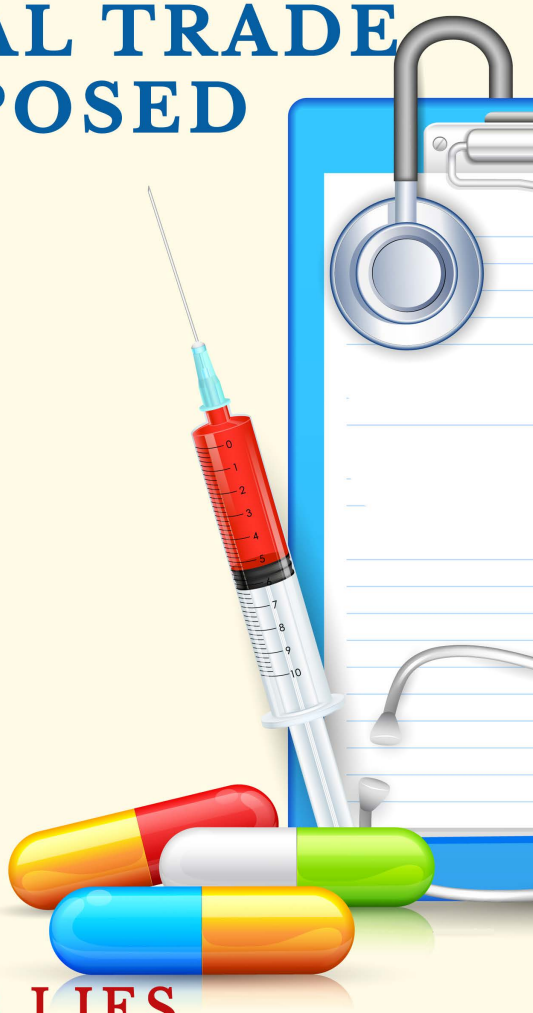
MEDICAL TRADE EXPOSED



IT'S LIES, ATROCITIES AND DECEIT

MEDICAL TRADE EXPOSED

Medical Trade
EXPOSED

It's Lies, Atrocities and Deceit

The circle with the Cross
These make for the sign that all thou hast heard is fulfilled in Him

Hospitallers Order of the Good News

The Lord He Is God

Trust in Him who Is the Way

Keep thy faith in Him, that All will be and is right!

And make thy life, thy activities in accord with same!

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Editor: Rui Alexandre Gabirro, Emunctologist

Without Him to lead, and the Team to help, this and all other Books, that have been published by the Order, could have not been written, in a speedy way, that they have been.

For the task at hand, is enormous, and the days and nights, I have denied myself, this in and for the benefit of others. For the help, of he who is in need of it.

And also that **man may know that He, indeed, Is Mindful of each one of you. Seek Him, and Glorify Him, for He Is Thy God and Saviour.**

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In Gratitude To

This Book is dedicated to the following:

To the God of Abraham: Who Is The God of Humankind, Our One and Only Lord and Saviour The Christ.

We Dedicate this Book: To all those who have perished at the hands of ignorant men; To all those Wise Men who understood the difference between what is right and what is wrong; To those wise ones, who are ever present, and thus let not fall civilization.

"The Lord He Is God"

Has in the Oneness of the Living God the Christ Our Lord and Saviours, so it is in the oneness of comprehension and understanding in which those points of truth, these authors all conclude and agree upon.

And as a result on which they all are in agreement this book is produced and given as a testimony that: "The Lord He Is God", and the Lord walks with us everyday, even if you do not see Him, He is with us, He is with those who ask for Him for the Lord Is God of Humankind.

These are not vain words, but are those words from those who know The Lord, His Ways, His Coming.

And many others whose names do not appear here but they know who they are.

To all physicians, whose convictions regarding the soundness of principles set forth in this work, and whose fearless advocacy of therapy based on these principles have been a constant source of encouragement and inspiration to many, this book is also dedicated.

Acknowledgements

The collective knowledge generated from academic research summarized in various references has been critical in the creation of this published work, which is best viewed as a comprehensive compilation and collection of published information by many authors throughout the ages, as well as personal and clinical experience in the treatment of self and others.

This work was possible only by the guidance and Light of Christ who Is God.

A special thanks also to those who work with Him and help all of us.

May each individual be able, to find this eternal truth, while on earth.

Credits and References

Although all credits and references where given to the best of our knowledge and information contained in the central archives of the Hospitallers Order of the Good News.

If there is any errors or mistakes we kindly ask the reader to allow the knowledge of such items in order to rectify same in future editions of the present Book.

Health and Therapeutic Journals and Books

The present work rests upon the foundations of those civilization luminaries, men and woman of exceptional talent, intuition, and detailed observation.

Furthermore it was a privilege to us, for them to have the dedication and time to write and publish their clinical findings. There is then a vast amount of Journals and Books devoted to the Health and Therapeutics. Of these printed records those from 1850 to 1950 in this 100 year period we specially encounter that the majority of what is to be known concerning disease its origin and its treatment and cure,

where in fact correctly identified.

These records, in their collective, contain timeless observations of which many remain permanent truths.

These pearls are hidden from plain sight, only the adept or the initiated can identify them and pick one by one, from the surrounding confusion.

Sources

This book is a Record of the clinical findings of many great Health Practitioners, their findings remain the same throughout the centuries. All share the same conclusion.

The Truth is in plain site.

Apart from the Archives of the Hospitallers Order of the Good News Library, we are also very grateful to all libraries, who have kept books for the last 200 years, those of which by their keeping allowed the information on those books to survive, and be upon their withdrawn from their keeping available to purchase by the Order, and kept in its Archives and Library for Posterity.

The Hospitallers Order of the Good News, has therefore obtained many of this rare Books, many of which are not available, nor found in libraries, for this we thank The Lord who Is God, for having placed the same in keeping of the Order.

Errors & Omissions

Although the editor, publisher have made every effort to ensure that the information in this book was correct at press time, the editor, publisher do not assume and hereby disclaim any liability to any party, for any loss, damage, or disruption caused by errors or omissions, whether such errors or omissions result from negligence, accident, or any other cause. Much care was taken to avoid any errors or omissions, if any do exist, please let us know, in order to correct same in any future editions.

Dedication

"To the victims, past and present, rich and poor, of Adulterated Food, Patent Medicines, Compulsory Vaccination, Abuse of Surgery, *booze-guzzling, industrial diseases, autocracy of dress, false modesty, sex ignorance, and conventional hypocrisy;* ***to those, who never had a real opportunity to learn the truth, being kept in ignorance through the vicarious and popular channels of misinformation.***

To those, whose nerves, muscles, bones, marrow, and blood have been converted into dollars, and cents under, the iron heel of commercial greed, in the name of health, science, *and benevolence; to those, whose inner and better selves remain crushed and stifled as a result of monotonous, loveless lives, tyrannical and fanatic parents, and uninspiring surroundings in general; to the patient "sons of toil", who constantly undermine their health and risk their lives, making it possible for us to appreciate art, music, literature, culture, and invention that the genius of human brain has brought forth, yet have for themselves little in return, save fatigue,* ***malnutrition, soul-starvation,*** *anxiety, fear,* ***filth and premature death.***

To all these victims of our seething, restless, debauching, artificial, and health-wrecking era, impudently labelled "civilized".

I affectionately and hopefully dedicate this book." *- Dr Simon Louis Katzoff, MD, in* ***"Timely Truths on Human Health", 1921.***

"The present work is written for the double purpose of correcting error, and imparting truth. *Its purpose is not to attack men, nor systems,* ***but simply to state facts by which their pretensions may be judged."*** *- Dr Frederick Hollick, MD in "Neuropathy, or The true principles of the art of healing the sick", 1847.*

Disclaimer

"The content of this Book, is based on research conducted by the members of the Hospitallers Order of the Good News, unless otherwise noted. The information is presented for educational purposes only, and is not intended to diagnose or prescribe for any so-called "medical" or "psychological" "condition", nor to prevent, treat, mitigate or cure such "conditions". The information contained herein is not intended to replace a one-on-one relationship with a qualified healthcare professional.

This information is not intended as "medical" advice, but rather **a sharing of knowledge and information based on research and experience.**

The Hospitallers Order of the Good News, encourages the reader to; "Make your own health Care decisions based on your judgment, and research in partnership with a qualified Health Care Professional."

But be aware of not choosing, the Medical Trade, for Health Science and Medical Science are two different things.

These statements have not been evaluated by the so-called Food and Drug Administration, in the USA.

The information on this Book is not intended to diagnose, treat, cure or prevent any disease, by means used by the Medical Trade.

As sad it may be, that one is forced to place such a disclaimer, just serves to illustrate the state where the present civilization is at the moment.

A civilization founded on lies, has no future, a civilization based on false or fake pretences, has no future, a civilization that follows political correctness is fake by proxy.

To sustain the manner of thinking in the present civilization is to sustain a lie.

Thus the solution is to establish a New Civilization, based on a New Science. This if Humankind will ever have a chance to progress in this third dimension on Earth.

In that the End of Times and the Beginning of a New Era, 2023.

CONTENTS

INTRODUCTION.....1

Hey Look! A Flying Pig!.....1
Are Very Often Not Symptoms Of The Disease At All, But Of Something Quite Different.....2
The Consensus Farce.....4
Consensus Is Invoked Only In Situations Where The Science Is Not Solid Enough.....4
2 February 2020.....7
Tyranny in the Name of Science.....7
Lying in the Name of Science.....8
National Institutes of Health & The Pharmaceutical Industry....9
The History of The Pirbright Institute.....10
The Bluetongue Virus Farce.....12
Are Viruses Single-Celled Organisms?.....13
Viruses Are Noncellular Entities.....13
Viruses Life-Cycle Durations Minutes to Hours.....14
Bacterial Virulence.....14
The Genetic Medicine Farce.....15
Not The "Genes": But The Microbiome.....15
The Neurotoxic Effects of Pharmaceutical Antibiotic.....19
Antibiotic Drug-Induced Neurotoxicity.....20
We Found That the Fruit had a Bactericidal Action Equal or Better than Last Generation of Antibiotics.....22
Severe Sepsis And Septic Shock.....23
The Prion Diseases Farce.....24

Chapter 1

The Pseudo Science of the Medical Trade.....25
1 in 3 On Pain Killers & 1 in 5 On Antidepressants.....25
The NHS A Medical Trade Socialist Paradise.....26
NHS Pays Negligence Compensation £2 Billions Every Year.....26
NHS Fraud Costs £1.29 Billion a Year.....27
The Smoke & Mirrors of the Farcical So-Called Science of "Virology".....28

Beware of Corporate Psychopaths.....32
Big Pharma - Bogus Philanthropy.....38
Vaccine Liability Threatens Supplies – 1984.....39
The Pharmaceutical Industry Full Immunity on Vaccines – 1986.....40
The Fabulous Business of Pharmaceutical Vaccines Guaranteed Market & No Liability.....40
The $1.6 Billion Business of Flu – 2015.....41
The $10 Billion Flu Vaccine Business – 2015.....41
Vaccines Is An Attractive Business.....42
The Global Vaccine Industry.....45
The Holy Grail for Flu: A Universal Vaccine.....45
The Market for Influenza Vaccines at $4 Billion – 2015.....46
Infectious Disease Vaccine Valued at USD $35 Billion by 2020.....47
In The Last 20 Years The Vaccine Business Had Remarkable Growth.....49
Global Market for Preventive Vaccines Valued At USD $202.6 Billion.....49
We Need To Make A Billion Doses Next Year There Is Going To Be A Pandemic – 2019.....50
The Farce of So-Called “Pharmaceutical Trials”.....50
Novovax Covid-19 Vaccine as the Only Marketed Product After 35 years in Business.....51
BioNTech Covid-19 Vaccine as the Only Marketed Product After 12 years in Business.....51
Moderna Covid-19 Vaccine as the Only Marketed Product After 10 years in Business.....51
Pfizer's Covid-19 Vaccine Becomes Highest-Selling Pharmaceutical In History.....52
Year 2022 Revenues $100.3 Billion An All-Time High for Pfizer.....52
The First Respiratory Syncytial Virus Vaccine – 2023.....53
The Next Big Business Opportunity To Develop A Vaccine For The Next Disease X.....53
Profitable World of TV Talking Heads & Vaccine Paddlers.....55
Conflicts Of Interest In Vaccine Policy Making – 2000.....56
Definition of “Vaccine” Science In the Making – 2021.....65
The “Efficacy” of Moderna & Pfizer “Covid-19 Vaccines”.....67

A Strange Chapter of Medical History & Vaccination.....68
Serious Adverse Effects of Covid–19 Vaccinations.....69
Repeat Malfeasance Offenders.....69
Vaccines & Sudden Infant Death Syndrome – 1984.....70
Hepatitis B Vaccine, Helping or Hurting Public Health? - 1999.....74
Deaths Immediately Following Vaccination – 2017.....77
The Increased Risk of Sudden Death After Vaccination – 2021.....78
Covid-19 Vaccine Followed by SIDS – 2023.....79
The Guardians of the Public Health.....80
The So-Called "Biological Weapons" Farce.....81
Bioterrorism Agents/Diseases.....81
Medical Countermeasures: Vaccinations & NAPS.....84
What Causes Gulf War Syndrome.....86
Spasmodic Dysphonia One of the 420 Side Effects of Vaccines.....86
The So-Called Vaccine "Experts"; Clowns or Lier's You Decide!.....87
Fatal Cerebral Haemorrhage After Covid-19 Vaccine.....91
Fatal Intracranial Hemorrhage After Covid-19 Vaccination.....92
Impact of COVID-19 Vaccines on Cerebrovascular Health.....93
Fatal Aneurysm.....94
Vaccine Induced Immune Thrombotic Thrombocytopaenia.....96
Deaths in the Covid-19 Vaccine Clinical Trial.....97
Covid-19 Vaccine Associated Death.....97
4,000 Covid Vaccine Claims of Which 334 Associated With Death.....98
Government To Pay £11.5 Million For Covid-19 Vaccine Damages.....99
Death 45 Hours After Covid-19 Vaccine Causing Multiple Organ Inflammation & Myopericarditis.....99
Pharmaceutical Consumption.....101
Pharmaceutical Spending.....104
Pharmaceutical Markets Estimated to Expand Highest Volume Growth is Expected.....104
List of Countries by Pharmaceutical Exports.....106
I Started With $300 Million Dollars, My Budget Now Is $5 Billion Dollars.....106

Now It's Vaccinate Everybody.....106
$14,050 USD For A Single Covid-19 Vaccine.....107
FDA: Licensed Vaccines Do Not Need to Prevent Infections or Transmission.....107

Chapter 2

Bill Gates Partnership With The Chinese Communist Party...109
Excited to Visit Partners Who Have Been Working on Global Health.....109
How Their Good Fortune Can Have a Positive Impact On China And The World – 2010.....110
Sun Culture Foundation.....111
Bill Gates & Chinese Communist Party To Build Nuclear Reactor – 2011.....112
Why is Bill Gates Selling Nuclear Tech to China?.....112
Global Health Drug Discovery Institute, China – 2016.....113
Establish International Research Networks and Develop Policy Recommendations – 2018.....113
The Chinese Communist Party Business Plan – 2019.....114
To Promote the Development of the Vaccine Industry.....114
All Citizens Shall Be Obliged To Be Immunized With National Immunization Program Vaccines.....114
Electronic Traceability System for Vaccines.....115
China New Law on Vaccines Goes Into Effect.....115
First Case of "Covid-19".....116
Chinese CDC Dispatches Team to Wuhan.....117
The Hong Kong Pro-Democracy Movement The Communism "Virus Farce" Mission Accomplished.....117
Gates $50 Million to Help China Fight Disease – 2023.....118
Farmer Suicides 250,000 In The Last 16 Years.....118
Genetic Modified Organisms and Digital Dictatorship.....119
Bill & Melinda Gates Foundation Funded Health Campaigns & Resulting Violations.....119
Japan Government Business Plan.....125
Global Health Innovative Technology Fund – Japan 2013.....125
Pandemic and All-Hazards Preparedness and Advancing Innovation Act – June 2019.....127

Chapter 3

The Farce of Covid-19 Symptoms.....128
Official Agencies & Federally-Funded Institutions.....129
The National Institutes of Health (NIH).....129
What Are Smell and Taste Problems?.....129
How Do Smell and Taste Work?.....130
What Are the Smell and Taste Disorders?.....131
What Causes Smell and Taste Disorders?.....131
Drug Induced Taste Disorders.....132
300 Drugs Covering The Whole Material Medica Are Potentially Responsible For Taste Disorders.....133
Drug Induced Respiratory Disease.....133
The "New Disease" Covid-19 Was So "New & Dangerous" That For 101 Days It Had Only 3 Common Flu Symptoms.....135
Symptoms of COVID-19 – 14 March 2020.....135
Symptoms of COVID-19 - 17 April 2020.....136
Aspirin Exacerbated Respiratory Disease (AERD).....137
Clinical Picture of Aspirin-Induced Asthma (AIA).....137
Covid-19 Toll On Smell & Taste What Scientists Don't Know.....139
The Herpes Zoster Virus Farce.....142
Vasomotor Disturbances and Mechanisms of Pain.....143
The Virulence From Bacterial Toxins.....146
The Effects of Bacterial Toxins.....147

Chapter 4

The Entire Circus of The Fake "Covid-19" So-Called "Pandemic" Lasted 4 Years.....150
The Man That Triggered: Half a Trillion Pound Government Spending Spree.....152
Germany Made 1 Pandemic Exercise "Pandemic Caused by Virus Modi-SARS" 2012.....154
The U.S. Made 6 Pandemic Exercises Between 2001 – 2022.....155
The UK Made 11 Pandemic Exercises Between 2015 – 2019.....157

Chapter 5

The HIV/AIDS Virus Farce....158
Why Is AIDS Research Not Free To Investigate Non-HIV Hypotheses?....160
Nitrite Inhalants & AIDS....162
Study Confirms Poppers As AIDS Co-Factor....174
The Use of Recreational/Aphrodisiac Drugs....175
The Fear Factor of "Acquired Immune Deficiency Syndrome" (AIDS) – 1983....176
AIDS & AZT....177
Poisoning By Prescription....179
FDA Documents Show Fraud In AZT Trials....180
This Is the Goal....181
The WHO Global Programme of AIDS (GPA)....182
Bill Gates & HIV/AIDS Business Plan....183
Advances in Immunology That Will Come Out of the Work On AIDS Will Be Fantastic For AIDS And For Other Disease That Come Along....183
Bill Gates: How HIV/AIDS Prepared Us To Tackle COVID-19....185
The "Covid-19 Pandemic" I Thought This Is All Wrong Is Like HIV But On A Bigger Scale....185
"HIV/AIDS" So-Called "Experts"....186
Dr Anthony Fauci, MD....187
Dr Rochelle Walensky, MD....188
Dr Rajesh T. Gandhi, MD....188
Dr Dan H. Barouch, MD....189
Dr Carlos C. del Rio, MD....189
Dr Monica Gandhi, MD....190
Dr Josiah D. Rich, MD....190
Dr Timothy P. Flanigan, MD....191
A Cure For HIV/AIDS Not In The Horizon – 2019....191
What A Load Of Malarkey!....191
HIV & PCR – Farce....192
The Story Behind The South Africa HIV/AIDS Pandemic Farce....196
Leading Scientist On The AIDS/HIV Farce....203
Further Reading....207

Chapter 6

The False Theory of Viruses.....208
Virus Theory Contradictions.....209
For The Last 20 Years Virology Has Been An Indirect Study of Things We Can't Really Prove Are There.....211
What Is A Virus? - July 2019.....213
What Is A Virus? - July 2023.....214
No Photos of "Viruses" But Plenty of Diagrams.....216
The Hepatitis Virus Farce.....218
The Influenza Virus Farce.....219
The Influenza Bacillus Like Most Others Does Not flourish In An Alkaline Medium.....219
The Virus Becomes Non-Existent in The Summer.....219
If Only Because Laboratory Disease Is Not The Disease.....220
The Virus Theory Farce.....221
The Medical Trade Use of Mask Or The "Viruses" Contagion Farce.....224
The Nobel Prize Clowns.....225
The Paper that Lead to a Nobel Prize on the Method of "Isolating Viruses".....228
Methods. Preparation and Maintenance of Cultures.....228
Technique.....228
Lets Dessicate This Nonsensical Statement.....232
Nobel Prize in Physiology or Medicine 1954.....233
The Pathogen Is Nothing The Terrain Is Everything.....234
Vaccines and Serums in Relation to the Lymphatic System...235
Vaccination and the Lymphatics.....240
The State of the Child's Auto Intoxication upon the Lymphatics.....243
Fauci says School Closures led to 'Deleterious Collateral Consequences', but He Had 'Nothing To Do' With It.....244

Chapter 7

Polio (Poliomyelitis, Infantile Paralysis).....245
We Failed Utterly to Discover the Virus.....246
The Polio Virus Farce.....247
Infantile Paralysis is Not a Contagious Disease.....249
The Polio Virus Farce Timeline.....253

1851.....253
1852.....253
1870.....253
1873.....253
1874.....253
1878.....254
1887.....254
1915.....254
1916.....255
1916 & 1942.....255
1935.....255
1948.....255
1949.....256
1939 & 1953.....259
1950.....259
Statement On Clinical Intoxication From DDT And Other New Insecticides.....259
The "Virus X" Farce.....260
Symptom are Description of "Colds" & "Flu".....260
1952.....265
1953.....266
1955.....269
The Polio Vaccine.....270
1958.....272
We Don't Have A Purified Virus.....275
Not the Result of a Virus But More Likely of a Substance made in the Tissues through the Influence of a group of non-specific Chemicals.....276
Its Chemical Poisoning Not a "Virus".....277
Polio Vaccine Now Cause More Paralysis Than Wild Polio..283
Poliomyelitis Is Clearly Non-Contagious.....285
Dr Morton Biskind, MD: Warns.....287
Glossary.....289
Its the Mosquito Fault – Farce.....291
Epidemic Intelligence Service – 1951.....292
1999.....293
2002.....294
2012.....294
2017.....295

£100 Million Pledge in Fight to Make Polio History.....295
Insecticides Neurotoxic Actions.....295
Neurotoxic Effect of Medical Trade Drugs.....297
Streptomycin.....298
Diseases and Disorders Relevant to Neurotoxins.....300
Aspects of Nervous Tissue Which Make it Susceptible to Toxicological Insult.....302
The Cause Of The Children's Trouble?….....303
The Polio Vaccine Farce.....304
The Diphtheria Vaccine Farce.....304
The Pertussis Vaccine Farce.....304
Bill Gates Says Vaccine Investment Offers Best Returns.....305

Chapter 8

The Meningitis Farce.....306
NHS: What Causes of Meningitis?.....306
CDC: What Causes of Meningitis?.....307
Mayo Clinic: What Causes Meningitis?.....308
Osteopathy in Resolving Meningitis.....308
Meningitis from Bowel Toxaemia.....310
Meningitis Vaccine Project – 2001.....311
Launch of New Meningitis Vaccine – 2010.....311
Bill Gates Business Plan for Moderna Once A Year Universal Flu Vaccines.....312
Adjuvant in Vaccines.....312
Biotech Nonsensical Fantasy.....313
Claims That Turned Out To Be Total Bullshit.....313
Moderna Never Made A Profit Pre 2020.....315
Pandemic Simulations.....315
We Know How to Work With Governments, We Know How to Work With Pharma.....316

Chapter 9

The Rabies Virus Farce.....317
Vaccinomania.....317
Trust - The Laboratory Scientific Work.....319
These Are Obviously Symptoms and Signs of Organic Toxaemia.....319
Clear Signs of Toxaemia Affecting The General Nervous

System.....321
The Incubation Period Farce.....323
The Rabies "Virus" Isolation Farce.....324
How the Laboratory Medical Trade Clowns Induce Rabies in Animals.....326
The Estimate of Prevalence of Rabies.....326
The Big Business of Canine And Other Animals Vaccination.....327
Human Mortality from Rabies.....327
When Humans Are The Guinea Pigs.....328
Rabies From a Non-Rabid Dog.....330
The Rabies "Virus" Quantitative Rather Than Qualitative in Character.....330
Concerning "Rabies" as a Manifestation of Toxicity.....333
The Role of Vaccines And Who Actually Should Produce Them.....334
Mental Treatment of Rabies.....336
Pasteur Treatment.....337

Chapter 10

FDA to Vaccine Injured: We Got Nothing.....338
Onset Of Multiple Sclerosis After Vaccination.....339
AstraZeneca Covid-19 Vaccine Is No Longer Available in Australia.....340
Injured By The Vaccine.....341
European Medicines Agency Confirms 11,448 Died From Covid Vaccines.....342
Dozens Have Been Killed or Left Disabled by Jabs.....342
USA 35,000 Died From Covid-19 Vaccines - May 2023.....343
Suicide Thoughts After Recceing Covid-19 Vaccines.....344
3,186 Dead From Vaccines In Just 4 Months.....346
Fewer Than 1% of Vaccine Deaths Are Reported.....347
Compared Outcomes Between Vaccinated and Unvaccinated Children.....348
Vaccine & Autism: Causality Conclusion.....350
Autistic Disturbances of Affective Contact – 1943.....350
Vaccine Trials for Babies And Children Are Done in 2, 3, 4 & 5 Days Only.....351
Immune System Disorders.....353

Hypersensitivity Syndrome....353
Arthritis....354
Autoimmune Diseases....354
Nervous System Disorders....354
Multiple Sclerosis....354
Nervous System Disorders....354
Vaccines for Babies First 6 Months of Life 3 Shots of Each..379
Is 3 or 5 Days Enough To Asses Any Neurologic Side Effects of Vaccines?....379
Request to the CDC for Studies, That Show That, Vaccines Don't Cause Autism....381
Hepatitis B Vaccine Clinical Trials....382
The More Vaccines You Give Your Child, The More Likely It Is That They Will Develop Chronic Diseases Including Autism....385
Fainting After Vaccination....387
The Vaccine Master of Puppets....387
The Men of Science Inquisition....389
A Vaccine Agenda in Place to Create Diseases....391
The Unvaccinated Are a threat to the Vaccinated....392
The Aggressive Childhood Vaccine Schedule And The Astonishing Rise In Autism....393
Autism After Adverse Vaccine Reactions....393
Autism “Genetic Condition” Farce....395
Reversing Autism With Nutrition....401
Moderna Wins $20 Million From Bill Gates: January 2016...411
Moderna Useless: January 2017....411
Biopharmas Seeking Bankruptcy Protection in 2019....412
31 Biopharmas at High Risk of Bankruptcy in 2020....412
Moderna Largest In History: December 2018....413
Moderna Skyrocketed: May 2020....413
$45 Billion Worth of Vaccines in 2021....414
In the Realm of Fantasy....414
Fantasy....415
Nonsense....415
Ian MacLachlan....415
Gates Foundation Time Line on Funding Moderna....417
Moderna & Gates Foundation to Development of HIV mRNA Antibody Vaccines....418
Increasing Risk With Increasing Number Of Vaccine Doses.419

Biomedical Advanced Research and Development Authority (BARDA).....421
BARDA Accelerator Network.....424
Gary L. Disbrow.....425
BARDA Creation & Legislative History.....427
Anthrax Attacks 2001.....428
BARDA Has Agreed to Donate Up To $483 Million To Moderna.....430

Chapter 11

The Pharma Coercion.....431
Pharmaceutical Industry Spent USD$2.5 Billion Lobbying Politicians in Past Decade.....433
Infractions of Civil Liberties.....434
Psychotropic Drugs Neurotoxicity.....435
Leukemic Drugs Neurotoxicity.....438
Aluminum and Alzheimer's Disease.....438
Medical Trade Butchery.....439
World Health Organisation Clowns.....440
Remember Medicines Can Kill.....440
Drugs Are Unnecessary & Harmful.....442
Drug Induced Movement Disorders.....442
Drug Induced Injury to the Digestive System.....443
Intestinal Damage by Anti-inflammatory Agents.....444
Disturbance of the Intestinal Ecosystem.....444
Drug Induced Injuries of the Liver and Biliary Tract.....444
Drug Induced Pancreatitis.....444
Drug Induced Lung Injury.....445
Drug Induced Liver Disease.....445
Drug Induced Liver Injury.....446
There Is No Maternally Administered Drug That Has Been Proven Safe to the Fetus.....447
Direct Toxicity of Medications.....448
Drug Induced Facial Diseases.....450
Drug Induced Neurological Disorders.....450
Drug Withdrawal.....451
2.2 Million Adverse Drug Responses Every Year In The U.S.A.....451

Epidemiology of Drug Induced Diseases.....453
Stay Away From The Medical Industrial Complex.....455
Sugar Substitutes: Americans Opt For Sweetness And Lite...459
Carcinogenic Sweetener Aspartame.....461
Gene Therapy Farce.....463

Chapter 12

Pneumonia and Hydropathy.....465
Tympanites.....467
Drugs and Disease.....467
For Some Reason They Don't Want to Have Cure for Cancer.....468
Iodine in Removal of Tumour From Side of Neck.....470
The Influence of Prayer in the Success of Fertilization.....471

Chapter 13

The Virus Isolation Farce.....473
There's a Lot of Guesswork Involved.....473
The Clown World of Virology.....474
The Viruses Variant Farce.....474
The Virus Theory Farce.....475
The Measles Virus Farce.....476
The Germ Theory of Disease.....477
Microbes as the Asserted Cause of Fevers, Consumption Diphtheria, Etc.....478
Koch's Postulates.....479
The Bacillus of Diphtheria.....480
Tuberculosis.....482
The Microbes of Plague, Cholera, Tetanus, Etc.....483
Pettenkofer Concluded That the Specific Virus of Cholera Does Not Arise From the Comma Bacillus, But Is Evolved in the Human Organism.....484
Mosquitoes and Malaria.....485
Microbes and Suppuration The Obsolete Antiseptic Theory..486
The Fallacies of the Bacteriologist and the Tricks of Trade...489
The Therapeutic Failure of Sera and Vaccines.....490
Diagnosis.....497
The True Position of the Microbe with Respect to Disease...500

This Undoes the Whole Medical Science and Proves it a Fraud.....503
Do Germs Cause Disease?.....506
Conflicting Theories.....506
Bechamp's Theory.....506
What the Microscope Shows.....507
How The Germ-Theorists Have Been Positive in Error.....508
Some Flaws in the Germ Theory.....511
Absurdities of the Germ Theory.....512
The Germ Theory of Disease.....519
The Contagion Farce.....524
The Avian Influenza Virus Farce.....525

Chapter 14

Some Observations and Reflections on the Theory of the Microbic Origin of Disease.....528
Zoonotic Diseases "Caused" by Germs that Spread Between Animals and People Farce.....536
The Immunisation of the Masses.....546

Chapter 15

In the Field of Global Health We've Found that the Rockefellers were Already There And Had Been There for Years.....550
Institute for Disease Modeling – 2008.....552
Disease Modeling Software.....552
Why Focus on Disease Modeling?.....553
Academics Have Coined A Term in Global Health: "The Bill Chill" - 2017.....554
The Bill & Melinda Gates Foundation & The Bill & Melinda Gates Foundation Trust.....555
How the Foundation Trust works.....555
The Cascade Management Company.....555
Serious Anxiety About the Transparency of the Foundation's Operation.....556
International Vaccine Institute.....556
Pediatric Dengue Vaccine Initiative.....557
Mosquito Borne Flavavirus.....557
Public–Private Partnerships On Neglected Diseases.....558

It Is Well Known That Once Introduced Into The Immunization Program It Becomes Politically Impossible To Stop Any Vaccination.....559
Public Health Foundation of India Has 32 Staff Members Draw Their Salaries From the Bill & Melinda Gates Foundation – 2016.....560
Global Scaling of Health Information Infrastructures – 2013.....561
It's a Wonderful Thing To Go In And Create A Broad Identification System – 2015.....568
Digital Identification Systems – 2017.....570
World Bank Group ID4D – 2018.....570
Development of Quantum-Dot Tags Fluoresce With Information After They Are Injected As Part of Vaccination – 2019.....572
We Will Have Digital Certificates - March 2020.....576
Bill Gates Ask Me Anything.....576
Worldwide Biometric Secure Identity Platform - May 2020..578
Microchips Are Inserted In The General Population.....581
Global Digital Cooperation UN 2023.....582
The Fourth Industrial Revolution.....583
Britain Must Prepare For Harder Lockdowns.....584
It's Not About Money, It's About Control!.....585
A Biometric Identification System Tied To A Digital Payments Infrastructure.....585
GSK & Google & Microsoft & McKinsey Create Partnership for Health Emergencies.....586
How Did The Partnership of IBM and Bill Gates Break Up?588
The Contraceptive Salesman & Bill Gates.....590
Reproductive Health & Childhood Vaccination.....591
Bill Gates My Global Health Mentor.....592
Advisory Medical Board Member Theranos – 2016.....594
Funding Of CDC Took A Turn In 1983 When The CDC Was Authorised To Accept External “Gifts” From Industry & Other Private Parties.....594
Conflict of Interests CDC.....596
CDC - The Financial Dealings With Biopharmaceutical Companies.....597
CDC Foundation Zika - Ebola & Fundraising.....598

Government Research Is Being Funded By The Food & Pharmaceutical Industries.....599
Why Is The CDC Taking Research Funding From A Pharmaceutical Company?.....600
Added Value & Mutual Benefits.....601
WHO - Declaring A Pandemic That Did Not Happen.....602
US Sounds Alarm On 3 New Diabetes Drugs.....603
Canagliflozin.....604
Dapagliflozin.....604
Empagliflozin.....605

Chapter 16

Bill Gates Business Plan.....606
The Global Health Program – 2000.....607
Gates & Fauci Co.....608
Gates & Fauci Meet To Research Opportunities In Global Health – 2017.....609
Gates & Fauci Talk Regularly – 2021.....609
The Return on Investment.....610
The Top 3 House Democrat Leaders Have Pocketed Millions of Dollars From Pharma.....611
More Than 2/3 of Congress Cashed a Pharma Campaign Check in 2020.....612
$4.7 Billion Pharma Donation To Politicians An Average Of $233 Million Per Year.....613
Lawmakers Accepted Funding from Pharmaceutical Companies.....614
Keir Starmer meets Bill Gates in Parliament.....614
The Gates Foundation Had a Huge Influence Over the COVID.....615
The Gates & Fauci "Pandemic" - Driven.....617
If You Want To Get To Pre-Coronavirus That Might Not Ever Happen.....617
Coronavirus Will Disappear Without A Vaccine.....617
Investment in Health Data & Creating Models.....618
Decade of Vaccines $10 Billion of Funding.....618
Fox Fires Tucker Carlson 5 Days After He Crosses The Red Line.....619
Spot The Circus of the Medical Trade Clowns With Masks...622

The Medical Trade Mask Farce.....622

Chapter 17

The UK Government Business Plan.....623
Pharmaceutical Industry Competitiveness Task Force – 2001.....623
Ministerial Industry Strategy Group – 2001.....623
To Promote a Strong and Profitable UK Based Bio Pharmaceutical Industry – 2011.....625
The Influence of the Pharmaceutical Industry – 2005.....630
Unsafe Use of Drugs.....633
Medicalisation of Society: "A Pill For Every Ill".....635
A Jewel in the Crown of The UK Economy.....637
International Health Regulations – 2005.....641
Exercise Alice – 2016.....641
Exercise Cygnus Pandemic Influenza 18 - 20 October 2016.....642
The Report on Exercise Cygnet – 2017.....644
Virological Diagnostic Services – 2017.....645
PM Unveils Plans For A Modern Industrial Strategy Fit For Global Britain – 2017.....646
Global Leaders in the work to Unlock the Potential of Genomic Medicine and Scientific Advances that Could See Life-Threatening Viral Outbreaks Stopped Before They Start – 2018.....646
The World's Largest Civilian Computer System – 2013.....647
To Create A New Marketplace On Top Of The Health System.....648
Life Sciences Vision – 2021.....651
Dame Sarah Catherine Gilbert.....652
VaxHub For Vaccine Development – 2018.....653
How The Vaccine Was Done For The "Virus".....656
Our Vaccine Was Effective.....657
I Don't Understand Anti-Vaxxers.....657
A Few Months Into The "Pandemic"; We Went On Holidays! Not Afraid Of The "Virus"Are We?.....658
The More Deaths Farce From The So-Called "Virus" Farce..659
England And Wales Deaths By Year.....660
The Top 10 Causes of Death.....660

Number Of Deaths Worldwide - 2019 & 2020.....661
Just 171 Deaths = Global "Pandemic" Farce.....661
Build Back Better.....662
UK Life Sciences Vision.....663
Palantir & British National Health Service (NHS).....664
British Scientists To Create A Vaccine In 100 Days To Halt The Next Pandemic.....665
The Cost of Bill Gates Pandemic Games May Bring The UK Government to Bankruptcy.....666
£1.8 Trillion UK Government Debt – 2019.....666
£2.6 Trillion UK Government Debt – 2023.....667
£9.4 Billion Pounds Per Month Just In Interests.....667
UK Scientists Begin Developing Vaccines Against New Pandemic.....667
The French Government Business Plan.....668
Sanofi-Aventis Invests €100 Million in New Facility in Mexico to Produce Seasonal and Pandemic Influenza Vaccine – 2009...668
Jérôme Contamine Appointed Chief Financial Officer.....670
Sanofi Pasteur Investment in Mexico: Pure Coincidence.....671
The Contract Between Federal Government of Germany & GlaxoSmithKline To Combat An Impending Pandemic – 2009.673
Naming the Coronavirus Disease (COVID-19) and the Virus that Causes It.....677
How They Know It's A New "Virus" In Just A Few Days!....680
Recognizing Virus Novelty.....681
Classifying Coronaviruses.....682
Naming Viruses and Virus Species: Roles of ICTV and WHO.....683
The European Union Business Plan – 2014-2020.....684
What Is Horizon 2020.....684
European Virus Archive Goes Global – 2015.....684
The European Virus Archive Goes Global: A growing Resource for Research – 2018.....687
Laboratory Isolation False Claim – Propagating The Lie.....688
International Committee on Taxonomy of Viruses.....689
There Are Now 10,434 "Virus" Species.....689
FDA Food & Drug Administration Businesses Plan.....691
Mutual Recognition Agreement (MRA).....691

A New World for Pharmaceutical Inspections The Mutual Recognition Agreement.....691
So What Happened In 2017.....693
Pharmaceutical Companies Spend USD $6.6 BILLION of TV Advertising – 2019.....694

Chapter 18

Covid-19 The UN-Told Story Part V.....695
Novel "Coronavirus" Transmission Farce.....695
We Were Shocked to Find Out.....695
New COVID-19 Guidance From CDC Focuses on Individual Decisions – 2022.....698
The Narrative Continued & Society Continued To Behave As If The Mathematical Models Had Been Right.....698
It Was a Gigantic Lie.....699
Africa Is Only 6% Vaccinated And "Covid" Has Practically Disappeared Scientists Baffled.....700
False CDC Covid Data Inflating Pediatric Mortality by 40%.....701
Authorities Over-Counted Deaths.....702
WHO Says Covid-19 Emergency Is Over.....703
Biden Announces The Second Pandemic.....703
The US: Office of Pandemic Preparedness and Response Policy – 21 July 2023.....704
The EU: Health Emergency Preparedness and Response Authority - 15 September 2021.....705
Global Vaccine Summit 2013: Opening Remarks from Bill Gates.....706
Bird Flu Could Become The Next Pandemic.....706
Scotland Trojan Horse.....707
University of Edinburgh Funding.....709
Donation Amounts by Donor for University of Edinburgh...710
The Fake Pandemic Lockdown Farce.....710
To Inject Every Single Member Of The Species With The Same Product Regardless.....711
Mandatory Testing Farce.....712
The Quarantine Farce.....713
"Viruses" in Sewage by PCR Test Farce.....714
Detection of Viruses by Real-Time qPCR.....714

Infection Occurred Through Respiration of Aerosols Created by Toilet Flushing or Faulty Plumbing Systems.....717
Sewage Could Reveal True Scale of Covid Pandemic.....717
KWR Water Research Institute.....718
Bridging Science to Practice.....719
The Global Water Research Coalition.....720
Workers To Be Kept Safe From Covid-19 In Sewage.....721
Long Vax.....721
Pharma Campaign Cash Delivery To Congress & Key Lawmakers.....722
COVID Hypocrisy: Policymakers Breaking Their Own Rules.....723
Medical Journals Are Lying For The Pharmaceutical Industry.....723

Chapter 19

The Last Words.....724
Is this the Future We Want?.....724
Pharmaceuticals As Part of the Human Diet.....725
Dishonest Deceitful and Fraudulent.....726
Piss Off It's Just A Flu.....728
Greatly Expanded Government – 1974.....729
JP Morgan Healthcare Conference: Financial Experts Advising Medical Trade Doctors.....732
Crimes Against Humanity – 2014.....733
Their Business Plan Poses An Existential Threat To Humanity.....734
You Have To Force Behaviours.....736
The Foundations of Stakeholder Capitalism.....737
George Soros.....738
In Conclusion.....740

Index 743

Annex - Germany Exercise of a "Pandemic" caused by "Virus" "Modi-SARS" 10 December 2012

Introduction

"Pigs fly in the ayre with their tayles forward, (implying the impossibility not only of the flight of pigs but also backwards flight)." - John Withals, in "A Shorte Dictionarie for Yonge Begynners", 1616.

Hey Look! A Flying Pig!

Other variations on the phrase include; "And pigs will fly", this one in retort to an outlandish statement.

Viruses are like pigs flying in the air with their tails forwards.

If you have read the preceding books of this series, you should be, by now, fully aware that **"viruses" only exist in the mind of the uneducated.**

For "viruses" are a physical impossibility, as described by the Medical Trade.

The explanation of the alleged "isolation" of viruses is in a nut shell farcical.

And there is not one (1) paper that has been published, where it is shown that a "virus" has been de facto isolated.

The entire Medical Trade Science of So-Called "Virology", is a scam, and looking into the Medical Trade, and their So-Called "Science", the conclusion is that it is a Fraud.

The Medical Trade is rotten, its filthy rotten.

If "Viruses", ought to exist, it would not allow for anything else to exist, apart from that (the "virus", everything would be dead).

Even if "viruses" could ever exist as portrayed by the Wrongful Medical Trade, it would be impossible to separate, or to even identify such, and to correlate the same to a clinical diagnosis of symptoms.

And **symptoms are not diseases, and diseases, are not diseases (as the Medical Trade calls them), but the manifestations, and the reactions of the body to the Metabolic Burden (if organic in origin), and or, to the injuries (if functional in origin), or a combination of both:**

That Are Affecting Its Normal Functioning.

And thus, symptoms (as such), are that which is the result of the body reaction in trying to resolve the state in which it has been put under.

Are Very Often Not Symptoms Of The Disease At All, But Of Something Quite Different

"Shall we begin by taking it as **a general principle: that all disease, at some period or other of its course, is more or less a reparative process, not necessarily accompanied with suffering; an effort of nature to remedy a process of poisoning or of decay, which has taken place weeks, months, sometimes years beforehand, unnoticed**, the termination of the disease being then, while the antecedent process was going on, determined?

In watching diseases, the thing which strikes the experienced observer most forcibly, is this; that the symptoms, or the sufferings generally considered to be inevitable and incident to the disease, are very often not symptoms of the disease at all, but of something quite different — of the want of fresh air, or of light, or of warmth, or of quiet, or of cleanliness, or of punctuality and care in the administration of diet, of each or of all of these.

To revert to **children:**

They are much more susceptible than grown people to all noxious influences.

They are affected by the same things, but much more quickly and seriously, viz., by want of fresh air, of proper warmth, want of cleanliness in house, clothes, bedding, or body, by startling noises, improper food, or want of punctuality, by dullness and by want of light, by too much or too little covering in bed, or when up, by want of the spirit of management generally in those in charge of them.

One can, therefore, only press the importance, as being yet greater in the case of children, greatest in the case of sick children, of attending to these things.

That which, however, above all, is known to injure children seriously is foul air, and most seriously at night.

Keeping the rooms where they sleep tight shut up, is destruction to them.

And, if the child's breathing be disordered by disease, a few hours only of such foul air may endanger its life, even where no inconvenience is felt by grown-up persons in the same room.

Omit the word "sudden" (for sudden death is comparatively rare in middle age), and the sentence is almost equally true for all ages.

The following causes of "accidental" death in sick children are enumerated:

> ***"Sudden noises, which startle — a rapid change of temperature, which chills the surface, though only for a moment — a rude awakening from sleep — or even an overhasty, or an over-full meal" — "any sudden impression on the nervous system — any hasty alteration of posture — in short, any cause whatever by which the respiratory process may be disturbed."***

Both for children and for adults, both for sick and for well, I would here again repeat, the most frequent and most fatal cause of all is sleeping, for even a few hours, much more for weeks and months, in foul air, a condition which, more than any other condition, disturbs the respiratory process, and tends to produce "accidental" death in disease." - Florence Nightingale, in "Notes on Nursing", 1860.

The Consensus Farce

During the Fake Pandemic of the so-called Covid-19, the word **Consensus**, was parroted allot, by both the Media (TV, Radio, and the Press), and by the Aloof Career Politicians.

Thus it would be appropriate the quote Rene Descartes:

> ***"There is no assertion, no matter how absurd, that the common man will not embrace as his own, if he can but be convinced that the majority of his fellows believe it to be true."*** *- Rene Descartes*

> ***"Dogma cares only about consensus - blind acceptance without doubt, or conformity through unquestioning belief."*** *- L. D. den Boer, 2019.*

Consensus Is Invoked Only In Situations Where The Science Is Not Solid Enough

"I want to pause here and talk about this **notion of consensus, and the rise of what has been called Consensus Science.**

I regard Consensus Science as an extremely pernicious development that ought to be stopped cold in its tracks.

Historically, the claim of consensus has been the first refuge of scoundrels; it is a way to avoid debate by claiming that the matter is already settled.

Whenever you hear the Consensus of Scientists agrees on something or other, reach for your wallet, because you're being had.

Let's be clear: **the work of Science has nothing whatever to do with Consensus.**

Consensus is the Business of Politics.

Science, on the contrary, requires only one investigator who happens to be right, which means that he or she has results that are verifiable by reference to the real world.

In Science Consensus is irrelevant.

What is relevant is reproducible results.

The greatest scientists in history are great precisely because they broke with the consensus.

There is no such thing as Consensus Science.

If it's Consensus, it isn't Science.

If it's Science, it isn't Consensus. Period.

In addition, let me remind you that the track record of the consensus is nothing to be proud of.

Let's review a few cases.

In past centuries, the greatest killer of women was fever following childbirth, 1 woman in 6 died of this fever.

In 1795, Alexander Gordon of Aberdeen suggested that the fevers were infectious processes, and he was able to cure them.

The consensus said no.

In 1843, Oliver Wendell Holmes claimed puerperal fever was contagious, and presented compelling evidence.

The consensus said no.

In 1849, Semmelweiss demonstrated that sanitary techniques virtually eliminated puerperal fever in hospitals under his management.

The consensus said he was a Jew, ignored him, and dismissed him from his post.

There was in fact no agreement on puerperal fever until the start of the twentieth century.

Thus the consensus took 125 years to arrive at the right conclusion despite the efforts of the prominent "skeptics" around the world, skeptics who were demeaned and ignored.

And despite the constant ongoing deaths of women.

There is no shortage of other examples.

In the 1920s in America, tens of thousands of people, mostly poor, were dying of a disease called pellagra.

The consensus of scientists said it was infectious, and what was necessary was to find the "pellagra germ."

The US government asked a brilliant young investigator, Dr Joseph Goldberger, to find the cause.

Goldberger concluded that diet was the crucial factor.

The consensus remained wedded to the germ theory.

Goldberger demonstrated that he could induce the disease through diet. He demonstrated that the disease was not infectious by injecting the blood of a pellagra patient into himself, and his assistant.

They and other volunteers swabbed their noses with swabs from pellagra patients, and swallowed capsules containing scabs from pellagra rashes in what were called "Goldberger's filth parties."

Nobody contracted pellagra.

The consensus continued to disagree with him.

There was, in addition, a social factor-southern States disliked the idea of poor diet as the cause, because it meant that social reform was required.

They continued to deny it until the 1920s.

Result - despite a twentieth century epidemic, the consensus took years to see the light.

Finally, I would remind you to notice where the claim of consensus is invoked.

Consensus is invoked only in situations where the science is not solid enough." - Michael Crichton, in "Lecture at the California Institute of Technology", 2003.

"The Experts who are leading you may be wrong." *- Professor Richard Feynman, assisted in the development of the atomic bomb, Nobel prize in physics 1968, in "Lectures".*

2 February 2020

"Scientists do not yet know how lethal the new coronavirus is, however, so there is uncertainty about how much damage a pandemic might cause.

But there is growing consensus that the pathogen is readily transmitted between humans." - in "Wuhan Coronavirus **Looks Increasingly Like a Pandemic, Experts Say**", New York Times, **2 February 2020.**

"Then we go in to see the president, ***we present [our consensus] to him and somebody writes a speech."*** *- Dr Anthony Fauci, MD in* ***"I'm going to keep pushing.' Anthony Fauci tries to make the White House listen to facts of the pandemic****", Science,* ***22 March 2020.***

Tyranny in the Name of Science

"We live in an unscientific age, in which almost all the buffeting of communications and television-words, books, and so on-are unscientific.

As a result, there is a considerable amount of Intellectual Tyranny in the Name of Science." - Professor Richard Feynman, assisted in the development of the atomic bomb, Nobel prize in physics 1968, in "Lectures".

Lying in the Name of Science

"Public Health erected for itself a right to lie.

And the reason, a right to lie, is that in order to avoid a collective action problem, where people get the benefit of other people's being Vaccinated, without taking their tiny share of the risk, that we needed to tell them, things were safe, that we're not perfectly safe.

And that was A bullshit, and B, a violation of the Nuremberg Code in itself.

Public Health is not allowed to lie to us about Treatments, that we are taking, **because we have a Right to Informed Consent, was sufficient, that implied right to inform consent before it was ever codified, and was sufficient to cause the Nuremberg Courts to Hang 7 Doctors.**

So, Public Health never had a right to lie to us, but it did.

Somehow insert into the culture the right to place Vaccines outside the realm of criticism, to declare anyone who violates that boundary whether they are scientifically qualified or not, to declare them heretics, and to punish them publicly, to cast them out and that is a remarkable story, specially in light of the fact that a huge fraction of the people who are doing the demonizing, **doing the work of this Vaccine Cult, believe themselves to be faithless, and purely scientific, and this is not how science works.**

This is a money changers moment.

This is a moment when the money changers, somebody's coming in, to flip card tables in the temple, because the money changers have taken over, what is supposed to be beyond that corruption." - Dr Bret Weinstein, Professor of Evolutionary Biology in "Allergies, Adjuvants, & Affirmative Action", DarkHorse Podcast, 1 July 2023.

National Institutes of Health & The Pharmaceutical Industry

"I asked Ron DeSantis, Governor of Florida, recently what he was going to do with National Institutes of Health (NIH), and he said:

"I'm going to burn it to the ground", if he becomes president.

And I understand that.

The structure and the incentive systems in that agency (NIH), are what's corrupting it, and the top officials in each of the branches.

Dr Anthony Fauci, MD an example of a 50 year Bureaucrat who rose through the ranks, and had this durability not because he was protecting Public Health.

Public Health in this country is a catastrophe we've paid more for Health Care and get the worst results of any country in the world.

We've gone from when he came in 6% of our children had Chronic Disease to now 54%.

And he's there, not because he was good at protecting Public Health, but because he was good at protecting the interests of the Pharmaceutical Industry, which really control that Agency (NIH)." - Robert F. Kennedy, Jr, Layer and Presidential Candidate, in "Scale Global", 2 June 2023.

The History of The Pirbright Institute

"The Pirbright Institute has been in existence for over 100 years.

It was first established as a cattle testing station for tuberculosis in 1914 and has developed over the years to become one of the UK's leading virus diagnostics and surveillance centres and is now also at the forefront of virus research. The recent development of the site to incorporate a state-of-the-art high containment (SAPO 4) laboratory – the BBSRC National Virology Centre:

The Plowright Building has enabled a unique combination of fundamental and applied **research into pathogenic diseases with potentially devasting impact.**

The Institute's achievements over the past century have been many and varied but throughout this time **it has continued to play a pivotal role in controlling and preventing some of the world's most devastating diseases with the development** of new and improved **Diagnostics and Vaccines.**

1914 Pirbright is established as a cattle testing station for tuberculosis.

1924 The cattle testing station becomes the Pirbright Experimental Station for the Foot-and-Mouth Disease Research Committee and research on the disease (FMD) begins with first experiments on large animals.

1933 Pirbright becomes the sole UK centre for research on foot-and-mouth disease.

1952 First ultracentrifugation and purification of foot-and-mouth diseases particles.

1958 Pirbright is designated as the FAO World Reference Laboratory for Foot-and-Mouth disease virus (FMDV).

1963 The Institute is renamed the Animal Virus Research Institute and research begins into other viral diseases which are considered a threat to the UK including bluetongue, swine vesicular disease and rinderpest.

1967 Pirbright plays a major role in the control and eradication of a foot-and-mouth disease outbreak in the UK, the crisis led to the slaughter of 430,000 animals across more than 2,000 farms.

1980 A new Vaccine for peste des petits ruminants, a highly contagious disease affecting goats and sheep, is developed and validated.

1988 The NPU plays a vital role in the control in the UK epidemic of bovine spongiform encephalopathy (BSE).

1994 Pirbright is designated as the FAO World Reference Laboratory for rinderpest.

1998 The structure of bluetongue virus is revealed through x-ray crystallography.

2001 Pirbright plays a vital role in the control of another major outbreak of foot-and-mouth disease in the UK. The 2001 crisis cost the UK economy an estimated £8 billion.

2007 The NPU becomes part of The Roslin Institute in Edinburgh. Pirbright substantially contributes to the eradication of bluetongue following an outbreak in the UK, saving the economy £485 million.

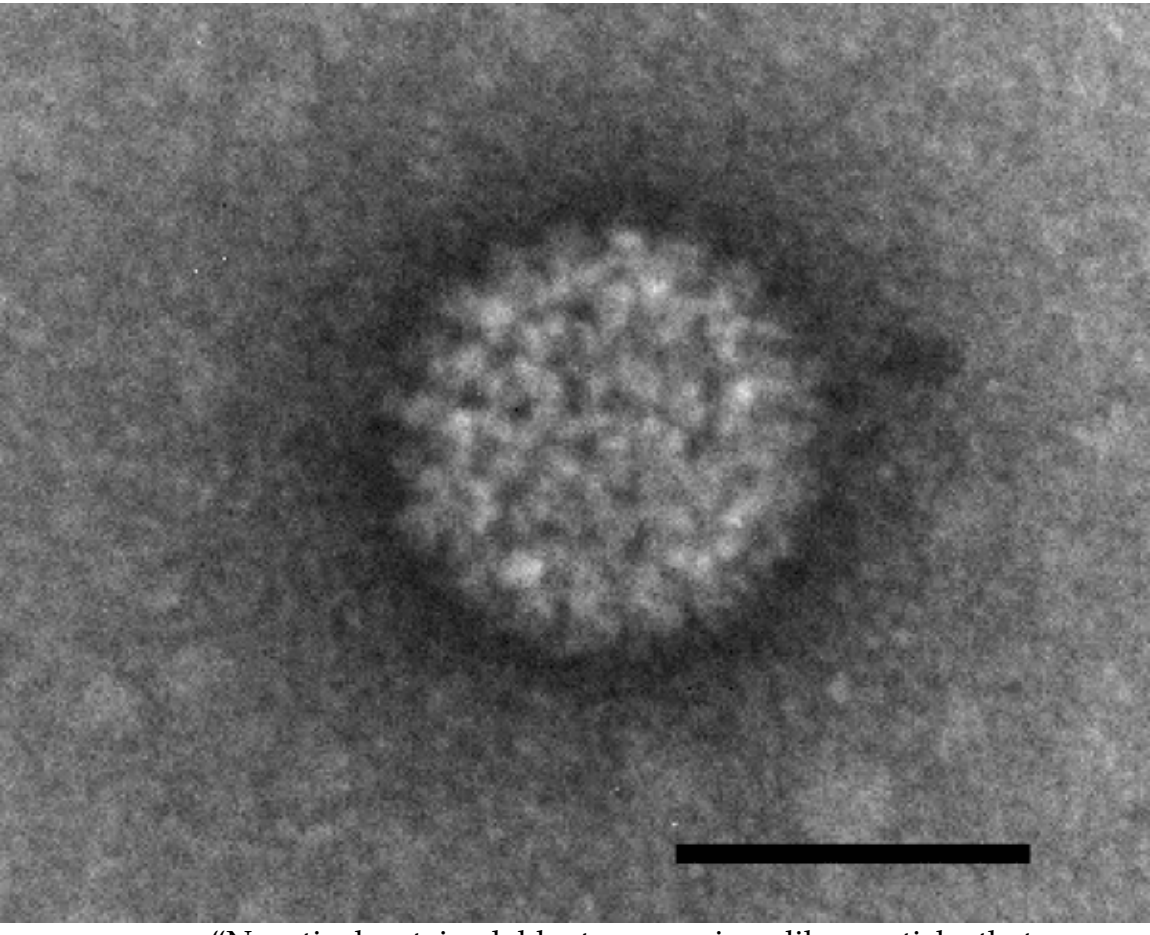
2011 FAO announces the global eradication of rinderpest in which Pirbright plays a major role, saving the African economy alone around £1 billion a year.

2013 A new type of FMDV Vaccine is developed using synthetically produce protein shells of the virus.

It is more stable than current Vaccines and can also be produced outside of high bio-containment facilities as it does not contain live virus." - in "The History of The Pirbright Institute", The Pirbright Institute, 28 July 2023.

The Bluetongue Virus Farce

"In 1998 The structure of bluetongue virus is revealed through x-ray crystallography."



"Negatively stained bluetongue virus–like particle that caused a cytopathic effect in BHK-21 cells. Scale bar = 50 nm" (Source: Wikipedia)

They obviously didn't get the memo that "viruses" are "pieces" of DNA or RNA.

What is SHOWN is a CELL a UNICELLULAR structure not a piece of DNA or RNA, which is impossible to be shown.

The technology to see DNA or RNA is yet (if ever) to be invented.

Obviously The Pirbright Institute did not get the memo "Viruses Are Noncellular Entities".

> ***"Viruses are smaller and simpler in construction than unicellular microorganisms, and they contain only one type of nucleic acid—either DNA or RNA—never both. As viruses have no ribosomes, mitochondria, or other organelles."*** *- in "Structure and Composition of Viruses", Veterinary Virology, 1987.*

Are Viruses Single-Celled Organisms?

> ***"Viruses are not considered living cells, and therefore are neither single-celled nor multi-celled."*** *- in "Study.com", 28 July 2023.*

Viruses Are Noncellular Entities

"Viruses Are Noncellular Entities that consist of a core of DNA or RNA surrounded by protein.

Not all biologists consider viruses to be living organisms. Scientific terms can be confusing.

Department of Energy Explains offers straightforward explanations of key words and concepts in fundamental science." - in "DOE Explains Microbiology", Office of Science, U.S. Department of Energy, 28 July 2023.

Viruses Life-Cycle Durations Minutes to Hours

"Viruses are ubiquitous nanoscale infectious agents that exist as extracellular particles between intracellular reproduction cycles, and infect specific host cells.

Viruses vary in structure (from simple helical capsids to complex constructs), size (20–300 nm), as well as replication mechanisms (that is, budding to lytic) and life-cycle durations (minutes to hours)." - in "Rethinking wastewater risks and monitoring in light of the COVID-19 pandemic", Nature Sustain, December 2020.

Bacterial Virulence

"Numerous questions remain - the answers to which are critical to our understanding of Bacterial Virulence." *- in* ***"Virulence Mechanisms of Bacterial Pathogens"****, 2016.*

"The host Gastrointestinal Tract exposes pathogens to a diverse range of physical and chemical stresses which must be detoxified or tolerated by the bacteria until more favorable conditions are encountered." *- in* ***"Virulence Mechanisms of Bacterial Pathogens"****, 2016.*

The Genetic Medicine Farce

"Every cell that is genetically altered is doomed." *- Prof. Dr. Sucharit Bhakdi, MD, was the Director of the Institute for Medical Microbiology and Hygiene at Johannes Gutenburg University Mainz for 22 years. He is one of the most internationally respected infectiologists, and most cited medical researchers in Germany, probably the foremost authority in the field Microbiology in the world alive, in "Children Health Defence", 11 May 2023.*

Editors Note:

Long before the so-called "Covid-19 Pandemic", after reading hundreds of books, and articles in the field of Microbiology in general, and on the subject of Bacteria in particular, the first name that would come up, again and again, and **the name on the largest amount of published articles in the field of Microorganisms and Bacteria was the name of Prof. Dr. Sucharit Bhakdi, MD.**

So much so, that a folder had to be created just for all of his articles and publications.

Not The "Genes" But The Microbiome

"Most Bacteria are our friends even if we don't yet realize it." *- Sir Richard J. Roberts, FRS, Nobel Prize 1993 in Physiology or Medicine, in "Missing Microbes: How Killing Bacteria Creates Modern Plagues", 2014.*

"In 2003, the Human Genome Project (HGP) announced that it had completed sequencing every base pair of DNA from an individual human and mapping all the genes — together known as the genome — of our species, Homo sapiens.

This was touted as a major breakthrough in understanding our development, our evolution, and very importantly, our health. The HGP has revolutionized medicine, and gene-sequencing technology.

From the Human Genome Project we learned that the human genome has about 23,000 protein-coding genes—no more than a mouse has, and fewer than some common laboratory plants!

An estimated 30 Trillion cells in your body; less than 1/3 are human.

The other 70-90% are Bacterial and Fungal.

99% of the unique Genes in your body are Bacterial.

Only about 1% is Human.

It turns out that we humans are not simply just humans.

Each one of us is an Ecosystem with an estimated 1 Trillion other Microscopic Organisms living in and on us at any given time.

And these organisms, collectively known as our Microbiome, contain about 300 Times the number of Genes that our own genomes express.

They affect our Mood and our Appearance, and play important roles in our Immune Systems.

"We need to enhance some of the organisms that are present, but depleted. Maybe we have to replace some of those vanished organisms, perhaps with isolates from the Amazon or from Africa." - Dr. Martin Blaser, Muriel and George Singer Professor of Medicine, Professor of Microbiology, Director of the Human Microbiome Program, NYU Langone Medical Center, Author of 500 scientific publications, 14 books, including Missing Microbes: **How the Overuse of Antibiotics is Fueling Our Modern Plagues.**" - in "Meet Your Microbiome", American Museum of Natural History, 16 April 2019.

"We live today in a world of modern plagues, defined by the alarming rise of asthma, diabetes, obesity, food allergies, and metabolic disorders.
The common link being the destruction of vital bacteria through the overuse of broad-spectrum antibiotics." *- David M. Oshinsky, Pulitzer prize–winning author of Polio, in "Missing Microbes: How Killing Bacteria Creates Modern Plagues", 2014.*

"Unlike some books on medicine and microbes, Dr Blaser doesn't stir up fears of exotic diseases or pandemic "superbugs" resistant to all known drugs.
He focuses on a simpler but more profound concern: the damage that modern life inflicts on a vast number of microbes that all of us, even healthy people, carry inside us at all times." *- in "Wall Street Journal", 18 April 2014.*

"In a world that turns to antibiotics for every infection of the ear, sinuses, or skin.
The excessive use of antibiotics - especially in children - is at the root of our most serious emerging modern maladies, from asthma and food allergies to obesity and certain cancers." *- Dr Nirav R. Shah MD, Commissioner of Health, New York State, in "Missing Microbes: How Killing Bacteria Creates Modern Plagues", 2014.*

"We live in the Age of Bacteria (as it was in the beginning, is now, and ever shall be, until the world ends)." *- Stephen Jay Gould, in "Nature" , 1993.*

"There is a need to understand microorganisms, intimately and well; a need that becomes pressingly evident as the human race tests the balance of the Earth's biosphere, unerringly increasing "The Three Ps" - population, power usage, and pollution.
The microbial world established our biosphere and sustains it.
Our ignorance, with its threatening consequences, is simply remedied.
We scientists need only to perceive and treat microorganisms commensurate with their place in the natural order of things.
Scientists need to understand why this view, this unnatural view, of microorganisms exists.
Understanding starts with the realization that without microorganisms macroscopic life, as we know it, would not exist.
Macroscopic life is sustained by photosynthetic carbon fixation." *- Carl R. Woese, Department of Microbiology, University of Illinois, in "Microbiology in transition", Proceedings of the National Academy of Sciences, 1 March 1994.*

"We live now in the "Age of Bacteria."
Our planet has always been in the "Age of Bacteria", ever since the first fossils — bacteria, of course — were entombed in rocks more than three and a half billion years ago.
On any possible, reasonable, or fair criterion, bacteria are — and always have been — the dominant forms of life on earth."
- Stephen Jay Gould, in "Full House: The Spread of Excellence from Plato to Darwin", 1996.

The Neurotoxic Effects of Pharmaceutical Antibiotic

"The clinical manifestations of antibiotic-induced neurotoxic effects.

Antibiotic-induced neurotoxic side effects can have a myriad of neurologic presentations.

Patients with prior Central Nervous System (CNS) disease, renal insufficiency and advanced age may be particularly vulnerable.

Antibiotics are among the most frequently used pharmaceuticals in both the inpatient and outpatient setting.

These drugs are not without their associated side effects, toxic effects on the central nervous system are perhaps much less recognized.

Correspondingly, in cases of drug-induced encephalopathy, change in mental status may be ascribed to a metabolic abnormality especially in hospitalized patients.

Penicillins are known to cause a wide spectrum of neurotoxic manifestations including encephalopathy, behavioural changes, myoclonus, seizures as well as NCSE.

Tetracyclines have been associated with cranial nerve toxicity and neuromuscular blockage.

Neurotoxicity is common among many groups of antibiotics in at-risk patients and can range from ototoxicity, neuropathy and neuromuscular blockade to confusion, non-specific encephalopathy, seizures and status epilepticus." - in "Neurotoxic Effects Associated with Antibiotic use: management considerations", Br. J. Clin. Pharmacol., September 2011.

Antibiotic Drug-Induced Neurotoxicity

"Irrational Antibiotic Therapy contributes to Gastrointestinal Dysbiosis, that increases the risk of the development of many diseases, including neurological and psychiatric.

Antibiotic therapy may exert neurological or psychiatric adverse drug reactions which are often considered to be overlooked and undervalued issues.

Drug-Induced Neurotoxicity is mostly observed after beta-lactams and quinolones.

Penicillin may produce a wide range of neurological dysfunctions, including encephalopathy, behavioral changes, myoclonus or seizures.

A significant problem of antibiotic therapy is the occurrence of many possible antibiotic-related Adverse Drug Reactions (ADR).

> ***"An adverse drug reaction is an appreciably harmful or unpleasant reaction, resulting from an intervention related to the use of the medicinal product, which predicts hazard from future administration and warrants prevention or specific treatment, or alternation of the dosage regimen, or withdrawal of the product".***

ADRs appear in both outpatients and hospitalized patients and manifest a wide spectrum of clinical entities, ranging from mild symptoms to life-threatening disorders.

Estimates indicate that ADRs occur in 5% – 10% of cases of hospital admissions and, in as many as 0.1% – 0.3% ADRs, may be Serious and Cause Death.

Antibiotics, along with antiplatelets, anticoagulants, cytotoxics, immunosuppressants, diuretics or antidiabetics, have been particularly implicated in ADR inducement.

The toxic effects of antibiotics on the central nervous system are not as well understood as their other side effects and may be confused with symptoms of various neurological or psychiatric diseases.

Antibiotics may be causative agents of peripheral or central nervous system dysfunction.

The risk of post-antibiotic peripheral neuropathy occurs with prolonged administration of some antibiotics, e.g., metronidazole.

Seizures, twitching and hallucinations are possible neurological ADRs caused mostly by penicillin, imipenem-cilastin, cephalosporins or ciprofloxacin.

The gut microbiota significantly influences the interaction between the gut and the brain through complex neuroendocrine and immune processes.

It has long been known that dysbiosis of the intestinal microbiota is associated with various disorders of the nervous system." - in "Antibiotics and the Nervous System-Which Face of Antibiotic Therapy Is Real, Dr. Jekyll (Neurotoxicity) or Mr. Hyde (Neuroprotection)?", Molecules, December 2021.

We Found That the Fruit had a Bactericidal Action Equal or Better than Last Generation of Antibiotics

"Pitanga (Eugenia uniflora) is a fruit that I know that has a great power in relation to the bactericidal property that it fights various types of infections.

The use of Pitanga on 14 patients with highly virulent infections.

Clinical trials where done at the University Estadual Paulista, Campus of Rio Claro, together with the Hospitals and several Medical Clinics with various specialities.

The body was unable to fight, and the patient ended up in the hospital network, and together with the use of the last generation of antibiotics, and to see the action of these antibiotics in relation to these infectious diseases.

For our surprise, we found that in 66% of these cases the Pitanga fruit had a bactericidal action equal to, or better than, the last generation of antibiotics.

We have a gift from God, a gift from nature, if we all had a plant of Pitanga at home you can have an inexhaustible source of bactericidal product, and you can take Pitanga pulp and freeze the pulp, and **if you have an urinary tract infection, or a throat infection, or an intestinal infection, you would use this pulp of Pitanga to fight the infectious process."** - Dr. Sergio Sartori, MD in "Jornal Cidade", 14 November 2016.

Severe Sepsis And Septic Shock

"Severe Sepsis and Septic Shock are the most serious complications of bacterial infections.

Both gram-positive and gramnegative bacteria can trigger these extreme inflammatory responses and, by so doing, cause substantial morbidity and mortality.

In the United States alone, over 400,000 patients suffer from septicaemia each year, and approximately 100,000 of these patients die despite optimal intensive care and modern antimicrobial therapy.

Bacterial infections and sepsis continue to represent major threats to human health.

Sepsis kills quickly and often dramatically." - in "Pathology of Septic Shock", 1996.

The Prion Diseases Farce

> ***"The earth is not flat, the sun does not rotate around the earth, and prions cannot be infectious if they cannot satisfy Koch's postulates! Continuing to defend the theory that BSE and CJD are caused by and transmitted by prions is akin to defending the theory that "life and disease are the result of spontaneous generation!"*** *- Dr Joel D. Wallach, Veterinarian, in "Lecture Series", 2000.*

"**Prion diseases** or **transmissible** spongiform encephalopathies (TSEs) are a family of **rare** progressive neurodegenerative disorders that affect both humans and animals. They are distinguished by long incubation periods, characteristic spongiform changes associated with neuronal loss, and a failure to induce inflammatory response.

The causative agents of TSEs are believed to be prions.

The term **"prions" refers to abnormal, pathogenic agents that are transmissible and are able to induce abnormal folding of specific normal cellular proteins called prion** proteins that are found most abundantly in the brain.

The functions of these normal prion proteins are still not completely understood.

The abnormal folding of the prion proteins leads to brain damage and the characteristic signs and symptoms of the disease. Prion diseases are usually rapidly progressive and always fatal.

Human Prion Diseases - Creutzfeldt-Jakob Disease (CJD); Variant Creutzfeldt-Jakob Disease (vCJD); Gerstmann-Straussler-Scheinker Syndrome; Fatal Familial Insomnia; Kuru.

Animal Prion Diseases - Bovine Spongiform Encephalopathy (BSE); Chronic Wasting Disease (CWD); Scrapie; Transmissible mink encephalopathy; Feline spongiform encephalopathy; Ungulate spongiform encephalopathy". - in "Prion Diseases", CDC 24/7: Saving Lives, Protecting People, 12 November 2021.

Chapter 1

The Pseudo Science of the Medical Trade

Only the uneducated, goes to the Medical Trade for treatment. For he who seeks Medical Trade treatment, will suffer the side effects of its "treatment" (usually Pharmaceutical Drugs or Vaccines), for the rest of his life, along with prolonged ill health, and worsening of quality of life. For this is no secret, and even so, the uneducated still stubbornly persists with naive belief in the "Mumbo Jumbo", that the Medical Trade tells him. **One must not underestimate the Medical Trade Sect, its level of deceit is monumental. The Medical Trade, are destroying lives, by poisoning peoples livers; the blood and organs, by administering endless Pharmaceutical Chemicals, and by the many, and endless body Mutilations performed by Medical Trade Surgery.**

1 in 3 On Pain Killers & 1 in 5 On Antidepressants

"Scotland is a country of dependence, the Scottish Government harbour a short life working group or Prescription Medication Independence and Withdrawal.

They had a consultation and draft recommendations, because **the population of Scotland is also hooked on Benzodiazepines Z-Drugs (insomnia, anxiety), which include Sleeping Tablets and it's a symbol of similar defects to Benzodiazepines. The other things Gabapentin (pain), Pregabalin (pain), Opioids, and Antidepressants. About 1 in 3 of the population have received a prescription from one of the five classes of these drugs. And about 1 in 5 of the population is on Antidepressants."** - Dr Bruce Scott, Psychoanalyst, in "UK Column", 10 July 2023.

"Depression is associated with many chronic health problems. This type of association and comorbidity seems almost ubiquitous. It is stunning that depressive disorders are comorbid with such a vast array of numerous health problems and diseases." *- in "The Oxford Handbook of Depression and Comorbidity", 2014.*

The NHS A Medical Trade Socialist Paradise

We see that the UK population has a great health burden, and has at least 1/3 of its population taking Pharmaceutical Medication.

For a Nation to place its health in the hands of the Medical Trade, this is what happens to such nation:

NHS Pays Negligence Compensation £2 Billions Every Year

"It is unsustainable for the NHS in England to pay out more than ***£2 Billion in negligence payments every year, a figure that will double in 10 years if left unchecked."*** *- in "MPs urge radical reforms to negligence compensation system that costs NHS billions each year", UK Parliament, 28 Apr 2022.*

"According to NHS Resolution, NHS compensation payouts in 2021/22 amounted to £2.4 Billion.
This is an increase on the previous year's figure of £2.2 Billion.
Just over a quarter of the £2.4 Billion is spent on legal costs." - *in "Blackwater Law", 2 November 2022.*

NHS Fraud Costs £1.29 Billion a Year

"With over 1.2 Million staff, the NHS is one of the largest employers in the world.

Fraud is a growing problem, affecting both individuals and organisations in all sectors.

The scale and complexity of the threat means that the response to fraud must be coordinated and highly professional.

Recognising this, the Cabinet Office has done a lot of work in the last few years to develop a counter fraud community across government, culminating with the launch of the Government Counter Fraud Profession in October 2018.

Its annual budget, paid for from the public purse, is over £109 Billion According to our latest estimate, fraud costs the NHS £1.29 Billion a year." - in "Fighting fraud in the NHS", NHS Counter Fraud Authority, October 2018.

The Smoke & Mirrors *of the* Farcical So-Called Science *of* "Virology"

The fact is that neither "Viruses" are real, nor Genetics have anything to do with the causation of so-called "disease."

The so-called Science of Virology is based upon a physical impossibility, a de facto lie.

The fact that single RNA, and or DNA, can't produce, nor cause all the fantasy attributes, that the Medical Trade wishes, for us to believe in.

The Covid-19 farce pandemic, has been the biggest Medical Trade experiment with and unknown outcome.

The Medical Trade, not only are useless, but are dangerous.

To have the Medical Trade clowns in charge of our health, is a clear indication that the political establishment is clueless of what the Medical Trade is, and the harms that causes both on human kind, and animals alike.

During the so-called Pandemic of Covid-19, neither large Supermarkets, nor hospitals where closed, due to an "outbreak" of the Covid-19 "virus".

That in it self should tell you what you need to know.

Furthermore, during the fake pandemic, in New York City, New York, USA, at least 2 Printed Newspapers ran a story that a certain hospital was overwhelmed with Covid-19 patients.

A lovely resident of that city took the time and proceeded to such hospital with her phone filming the hospital entrance and car-park and by the glass walls the interior of the hospital.

Contrary to the news in those 2 newspapers, the hospital appeared empty, with very little people around and just a

few cars outside on the car park and not much happening.

This video is still on the internet for anyone wishing to see it.

This case also reminds the case of the empty car park testing centres in the UK, where a few citizen journalists took time to go and visit such Car Parks turned into Covid-19 Testing Centres which where practically empty in the majority of the sites just the employees where seen in the videos at the sites.

In these 5 books (this one and the 4 that proceeded this one, in this series), it has been shown that the so-called "Genetic" Medical Trade, and the so-called Science of "Virology", are fraud, achieved by deception.

What is more concerning, is not as much as the Medical Trade being dishonest, and untrue, but the backing, and funding of the Medical Trade, by political parties in parliaments, senates, congress, etc..., in aid to allow for these frauds to be committed upon the population.

Virology Realm of Fantasy

The fraudulent based of modern so-called Medical Science and its Theory of "genetics" and of "viruses" as the causative factor of disease, are based upon only pure Medical Trade Fantasy.

In the realm of truth, Toxaemia is the Major Factor in the Causation of Organic Disease is based on evidence since time immemorial, and is thus based on continuous experimentation and truth, as when Toxaemia is resolved, organic disease disappears.

Against solid facts, there cannot be silly arguments, such as the fantasy theories of the genetic Medical Trade, or Fantasy World of the Medical Trade "Virology".

The Problem of Virology

The Problem of Virology is that viruses don't exist.

If they do why have no one seen a virus yet?

If "viruses" cause disease, not a single paper has been

able to isolate the "virus", and make the "virus", perform its job, of doing, causing the disease that each "virus" apparently causes.

Depending on the type of "virus", it will either attack the "Central Nervous System", or act, produce "Flu" like symptoms.

Viruses are Medical Trade fantasy, being used by commercial interests, and political agendas.

Virology or how the Medical Trade is inventing diseases, to fleece the public purse in perpetuity.

One can only conclude that the Medical Trade suffers from an "Acute Syndrome of Stupidity", which is delivered obviously by a "virus."

The Problem with Genetic Causation of Disease

The greatest problem with the Medical Trade Theory of Genetics as Cause of Disease, is that Toxaemia, not genes, but Toxaemia is a principal factor in the causation of organic disease.

The Nescience of Medicine resides somewhere; Between the Realm of Fantasy and the Real of Fraud.

All papers on "Genetic Medicine", and on "Virology" are either fraudulent, or based on naive observations steered by false notions and or ideas.

Neither "genes" cause disease, nor "viruses" exist.

Both are utterly false Medical Trade Theories.

The truth is that genes don't cause disease.

Never ever has the Medical Trade been capable to demonstrate such.

There is simply no verifiable proof that genes are responsible or cause disease.

Please read all previous books, not only the last 4 of this series, but all books which we have published.

These books where edited in a manner that you can go straight to the matter being presented, using their own words, with irrefutable statements and conclusions, based on direct clinical experiment, in many cases, life long experience.

Nervous disorders are caused both by Toxicity (from either chemical or organic), skeleton injury, and nutrients (including vitamin) deficiency.

Thus these conditions can and are easily solved.

Lymph conditions are both affected by toxicity and skeleton misplaced by injury, thus all lymphatic conditions can and are easily resolved.

Synthetic Pharmaceutical Drug Medication can, and do only, Aggravate the Lymphatic Circulation.

The population is under the narcotic influence of the Medical Trade Nescience, a commercial Trade that is having a financial, economic and disastrous effect in the health of the entire population.

The effect is more visible in the uneducated who believes the Medical Trade.

How Virology has Been Saved by Computer Graphics

It is impossible to isolate RNA and or DNA, period!

This is a fact!

How can you isolate something that you can't see.

Or something that when allegedly “seen” by electron microscope disintegrates itself.

Surprise, Surprise here enters the age of Computer Graphics, “et voila”, “presto”, viruses appear!!! What would have been of Virology if Graphic Designers didn't exit?

One wanders; if the Medical Trade is infected, with the “virus” of “Acute Stupidity”, a RNA so-called “virus”, which is transmitted by a mosquito Medicalis Schoolis.

This type of mosquito, a variant of long term financial interest, strives in University campuses, and particularly well where donations abound and are prevalent from & or interconnect with the Pharmaceutical Industry, obviously the **Pharmaceutical Industry is owned by private individuals, this private individuals are Corporate Psychopaths.**

Beware of Corporate Psychopaths

2001

"A mental disorder roughly equivalent to antisocial personality disorder, but with emphasis on affective and interpersonal traits such as superficial charm, pathological lying, egocentricity, lack of remorse, and callousness." *- in "Dictionary of Psychology", Colman, 2001.*

2004

"The pathologically narrow and materialistic view of human nature that underpins today's corporate form not only dominates economic activity - it is also altering humanity.

In a world where anything or anyone can be owned, manipulated, and exploited for profit, everything and everyone will eventually be.

The corporation is remaking us in its own stunted and undersocialised image." - in "Portrait of a Corporate Psychopath", The Guardian, 24 October 2004.

2005

"The paper defines Corporate Psychopaths as those people working in corporations who are self-serving, opportunistic, ego-centric, ruthless and shameless but who can be charming, manipulative and ambitious.

It reviews the recent series of papers and news articles on Corporate Psychopaths and discusses how and why Corporate Psychopaths are drawn to corporations as sources of power, prestige and money.

The paper suggests that Corporate Psychopaths are a threat to business performance and longevity because they put their own interests before those of the firm.

It also discusses how they are a threat to the development of a sense of corporate social responsibility because they have no sense of guilt, shame or remorse about the consequences of their decisions.

Corporate Psychopaths are not psychotic or delusional (insane) but merely opportunistic, lacking any concern for the consequences of their actions and ruthless in their pursuit of their own aims and ambitions.

Self-gratification is their main aim in life.

That Corporate Psychopaths exist is beyond question.

The implications of this for business and society are just beginning to be explored.

What sort of people do we want running our major institutions and organisations and making decisions about how those institutions and organisations affect business, the environment, society and the economy?" - in "The implications of corporate psychopaths for business and society", Australasian Journal of Business and Behavioural Sciences", January 2005.

2012

"Psychopaths are incapable of experiencing basic human emotions and feelings of guilt, remorse, or empathy. Corporate psychopaths use the ability to hide their true selves in plain sight and display desirable personality traits to the business world.

Investigators should familiarize themselves with the typical traits and characteristics of psychopaths.

They must understand the manipulation techniques used to create and manage the psychopathic bonds established with victim organizations.

Their reputations, as judged by those in power with whom they have bonded, known as patrons, often provide added protection from closer investigation.

Psychopaths can be expert liars.

Corporate psychopaths with exceptional verbal skills make crafty interviewees." - in "The Corporate Psychopath", FBI, U.S. Government, U.S. Department of Justice, 1 November 2012.

2017

"Psychopathy is one of the most treacherous personality disorders. Psychopaths have unimpaired intellectual functions, which allow them to skilfully manipulate and mislead others.

Although medical science has made progress in terms of developing diagnostic tools (for example, the 'Psychopathy checklist – revised'), it has failed to provide effective treatments for this disorder." - in "Beware the corporate psychopath", The Chartered Governance Institute UK & Ireland, 25 August 2017.

2018

"Psychopaths are not incapable of moral reasoning.

Multiple studies have found they are particularly adept at certain types of moral thinking, particularly those that balance the consequences of actions.

The other thing psychopaths are good at is 'pretending' to be good.

Even without feeling genuine empathy, they can behave in seemingly altruistic ways, although closer examination shows they do so only when they believe they have something to gain. **They might help someone only because they expect future reciprocation, or work to build trust so they can exploit it down the track**

Corporations **feel no empathy, guilt or remorse.**

And many are explicitly established to generate a profit, so they primarily serve their own interests." - in "Are Corporations Psychopaths?", Accounting and Business, 1 June 2018.

2019

The Psychopathic CEO "He is a charismatic leader who inspires people to follow him.

A strategic thinker who can master the details.

Above all, he is an exceptional communicator who can convey a vision to any audience.

They don't care that they are hurting you.

They will do what they have to do." - in "The Psychopathic CEO", Forbes, 9 December 2019.

2021

"12% of Corporate Leaders are Psychopaths.
It's time to take this problem seriously". *- in "Fortune", 6 June 2021.*

"Chris Anderson - "Your charity is adding enormously to the problem of overpopulation in the world."
Do you have an optimistic solution to that problem?
Bill Gates - When our Foundation first started up it was focused on Reproductive Health, that was the main thing we did, because I thought population growth in poor countries is the biggest problem they face." *- in "Bill Gates' Q&A with Chris Anderson", TED, 6 February 2009.*

"First, we've got population.
The world today has 6.8 Billion people.
That's headed up to about 9 Billion.
Now, if we do a really great job on New Vaccines, Health care, Reproductive Health Services, we could lower that by, perhaps, 10% or 15%." *- William Henry Gates III, in "Innovating to zero!", TED, 20 February 2010.*

"While Gates' vaccine-based giving — closing in on $6 Billion to fight ***measles, hepatitis B, rotavirus and AIDS, among others — is part of the largest, most human-driven philanthropy in the history of mankind.***
In 1997, when he and Melinda first ventured into public health, they ***focused on birth control****, funding a Johns Hopkins effort to use computers to help women in the developing world* ***learn about contraception.***
Even ***John D. Rockefeller, whose Rockefeller Institute for Medical Research pushed many key discoveries in 20th-century virology — he changed the global dialogue when it came to vaccines.***
The first Gates vaccine donation, $100 Million, - directed at the United Nations and - administered by PATH, focused on getting existing Vaccines to kids.

To celebrate the gift, Bill and Melinda hosted a dinner for vaccine experts at their 66,000-square-foot home on Lake Washington. After Gates asked his guests,
"What could you do if you had even more money?" the room exploded with new ideas." *- in "With Vaccines, Bill Gates Changes The World Again", Forbes, 2 November 2011.*
"How do we reduce population growth?" - William Henry Gates III, in "@BillGates", Twitter, 9 February 2012.

"Who are You?
A chosen to do it?
Who did it?
Who gave you the task to "reduce a population"?
Who gave you the decision of who must live or who can have children?" *- Candy in "@garota_direita", Twitter, 8 January 2022.*

"That ideas should freely spread from one to another over the globe, for the moral and mutual instruction of man, and improvement of his condition, seems to have been peculiarly and benevolently designed by nature." *- Thomas Jefferson, 13 August 1813.*

Big Pharma - Bogus Philanthropy

> ***"The other thing Psychopaths are good at is "pretending" to be good."*** *- in "Are Corporations Psychopaths?", Accounting and Business, 1 June 2018.*

"Big Pharma is one of the most profitable industries on the planet, and it strongly relies on the enforcement of patent extensions and intellectual rights for which Bill Gates is notorious from his work at Microsoft.

Gates has invested in firms that specialize in retail (Walmart), food and beverages (Coca Cola & McDonalds), energy and transportation (British Petroleum and Toyota), and Biotech (Nimbus Discovery and Foundation Medicine). None of these investments match those he made in the pharmaceutical industry. Indeed, one of his first actions after withdrawing his shares from Microsoft when stepping down was to invest in the British Pharmaceutical giant GlaxoSmithKline (GSK).

On 9 September 2002, Gates sold almost half a Billion dollars of Microsoft stock. Around the same period, in the second half of 2002, he bought 2.5 Million Shares of Eli Lilly, Manufacturer of Prozac, and made other major investments in Merck and Pfizer.

On 17 May 2002 the Bill & Melinda Gates Foundation purchased Shares of 9 Big Pharma Companies.

As an Investor in Merck & Co., Pfizer Inc., Johnson & Johnson, and others, the Gates Foundation shares financial interests with the makers of AIDS Drugs, Diagnostic Tools, Vaccines and other Drugs.

So, why did he embark on a Massive Vaccination Campaign, when the same funds could have been invested in genuinely sustainable community development and Public-Health programs?

Because that does not make money." - Ruben Rosenberg Colorni, in **"Bill Gates, Big Pharma, Bogus Philanthropy"**, 7 June **2013.**

Vaccine Liability Threatens Supplies - 1984

"The nation's **major drug companies,** some stung by large liability costs, **have been dropping out of Vaccine production for years and the trend is continuing.**

The latest dropout was Wyeth Laboratories, which announced 13 June that it had ceased production of a Vaccine used to immunize children against whooping cough after more than 30 years of producing it.

The company cited "dramatic increases in the cost of participating in this market", **chiefly due to liability insurance and the costs of litigation.**

The whooping cough Vaccine has the most serious side effects of any of the Vaccines now administered to virtually all children in the country under state or Federal laws." - in "Vaccine Liability Threatens Supplies", The New York Times, 26 June 1984.

"President Reagan today signed a comprehensive health bill designed to promote exports of prescription drugs and to compensate children injured by Vaccines.

Reagan said this part of the new law **"Will increase the competitiveness of the American Pharmaceutical Industry abroad, create jobs, foster Biotechnology."**

"Substantial deficiencies" in the Vaccine plan, under which injured people could obtain payments from the Government without proving fault or wrongdoing by the Vaccine manufacturer or anyone else.

The program would be "administered not by the executive branch, but by the Federal judiciary", calling it an **"unprecedented arrangement" that was inconsistent with the constitutional requirement for separation of powers among the branches of the Federal Government."** - in "Reagan Signs Bill on Drug Exports and Payment for Vaccine Injuries", The New York Times, 15 November 1986.

"The remaining manufacturer [of DTP] estimated that its potential tort liability exceeded its annual sales by a factor of 200". *- Bruesewitz v. Wyeth, 562 U.S. 223*

By 1986, "litigation costs associated with claims of damage from Vaccines had forced several companies to end their Vaccine research and development programs as well as to stop producing already licensed Vaccines." *- Institute of Medicine, Adverse Events Associated with Childhood Vaccines: Evidence Bearing on Causality, at 2 (1994).*

The Pharmaceutical Industry Full Immunity on Vaccines - 1986

"No person may bring a civil action for damages... against a Vaccine administrator or manufacturer... for damages arising from a Vaccine-related injury or death associated with the administration of a Vaccine." *- 42 U.S.C. 300aa-11*

"We hold that the National Childhood Vaccine Injury Act pre-empts all design-defect claims against Vaccine manufacturers brought by plaintiffs who seek compensation for injury or death caused by a vaccine side effects." *- Bruesewitz v. Wyeth, 562 U.S. 223*

The Fabulous Business of Pharmaceutical Vaccines Guaranteed Market & No Liability

In 1986 there where 11 shots in the Vaccine Schedule of the CDC.

In 2023 there are 55 shots in the Vaccine Schedule of the CDC.

The $1.6 Billion Business of Flu - 2015

"Now, an estimated **44% of American adults get vaccinated.**

Among kids, the rate is even higher, at 59%.

What does that mean for Business?

There are a few major makers of the vaccine in the U.S.:

Sanofi Pasteur is the largest, supplying a projected 65 Million doses or more this year, followed by Australian company

CSL, at up to 54 Million doses (after acquiring Novartis's flu vaccine unit in August), and

GlaxoSmithKline, at up to 38 Million doses.

GSK's Fluarix and FluLaval cost $16.05 and $15.05 a dose.

That compares with $10.69 for Sanofi Pasteur's Fluzone.

Sanofi also offers a Fluzone Quadrivalent, for $16.15 per dose." - in "The $1.6 Billion Business of Flu", CNBC, 19 October 2015.

The $10 Billion Flu Vaccine Business - 2015

"The Annual Impact of Flu 5% to 20% of Americans get it.

200,000+ Hospitalizations.

3,000 to 49,000 Deaths.

$10 Billion in Direct Medical Costs.

More than 150 Million Americans are expected to get Vaccinated for the flu this year and that means big profits for pharma companies, "**Big Business of Flu Vaccine**", CNBC, 9 October 2015.

Vaccines Is An Attractive Business

"Vaccines is an attractive business, if I look at the performance of the global business in general it has experienced quite a significant growth over the past 10 years at a CAGR of 16% or 17%; clearly double that of the Pharmaceutical Industry.

It is now at about £17 Billion in sales and there are only 4 Major Players in this business and the reason for that is barriers to entry.

You can see on the slide also that **GlaxoSmithKline (GSK) post-transaction is clearly in the lead with 27% market share.**

Finally, **Combination Vaccines are very important.**

If you don't have 5 or 6 Vaccines combined in one shot, you can't enter the game.

Significant financial portfolio and technical barriers to entry, which explains why there are very few players and very few players are able to enter this game.

The Vaccine business is a very long term, very sustainable business where life-cycle management plays a very important role.

Finally, maybe not familiar to all of you, but **it is a good, profitable business with profit margins comparable to those of the Pharmaceutical Industry.**

A very attractive, very long term fundamental growing and good profit margin business.

Some Nuggets on GSK Vaccines

GSK Vaccines was founded in 1947; it was a biotech company and it was acquired in 1968 by Smith, Kline & French.

I joined the company as a bench scientist in 1988.

I was employee number 602 globally.

Today we are 16,000, inclusive of the Novartis transaction.

We have about 2,000 scientists in the organisation, spread over 7 sites across the continents, the Americas, Europe and

Asia; very productive R&D between the 2 companies – 14 new Vaccines approved over the past 10 years, **by far the best-in-class and a very broad footprint for manufacturing; we have 14 manufacturing sites, again in the Americas, Europe and Asia, producing last year 850 Million doses of Vaccine, in certain years more than a Billion doses of Vaccine. We are commercially present in 177 countries, thanks to the fact that we are part of GSK and to the fact that vaccines are commercially distributed through our pharmaceutical organisation,** as Abbas, our President for Pharmaceuticals will describe to you and it is a capital intensive business.

We have invested a little bit over £4 Billion over the past 10 years in maintaining and enhancing our supply network. Broadest Vaccines portfolio offering worldwide (pre-transaction).

If I look at our portfolio in the US, you can see that we have 2 significant gaps – **we have a gap in the paediatric segment, where we are lacking the Measles Mumps Rubella Vaccine.**

We have a gap in the paediatric portfolio because we don't have a pneumococcal vaccine approved in the US: we have it outside of the US.

We also have a gap because we don't have a Meningitis Vaccine in the US, where we have it outside of the US.

In the adolescent population again, clearly, we have a gap because we are lacking the Meningitis portfolio in the US.

Clear opportunities for growth going forward because when we have the products approved in the US, we have a really good commercial performance with Pediarix in the pertussis arena, we are first in market share.

With hepatitis we are by far first in market share and with Boostrix, for instance, we are second in market share.

Cervarix is an exception; we have an uncompetitive product label and therefore we have a very small market share.

Clear opportunity for growth by focussing on product approvals in the US, both existing products and new products.

Vaccines Business

Achieving recommendations for Mass Vaccination are Critical for Penetration of New Vaccines.

Having the breadth of portfolio in each one of the segments of the population is critical because there is significant synergy between the products within the portfolio.

Having the breadth of the geographic footprint to be able to generate the kind of volumes that allow us to then play appropriately the price volume equation is critical in this business.

Then we have taken the opportunity of the transaction to transform GSK Vaccines R&D.

We have created now three major centres in this R&D organisation.

A centre based in Belgium, which will be mostly focussed on Viral Vaccine Drug discovery and development, and that is an area of historical strength of GSK Vaccines. **A centre in Siena, Italy, that will be mostly focussed on discovering and developing Bacterial Vaccines and that is an area of historical strength of the Novartis Vaccine company.**

Vaccines Global R&D Centre in US

Finally, a new centre based in Rockville in the US, Maryland, that will be our new third global centre for Vaccines discovery and development. It will integrate all R&D activity that existed in the US and enhance them from bench work in discovery all the way to active life-cycle management.

The centre will be focussed – there is a picture of it here – on vaccines that are aimed at succeeding in the US.

They may be only US specific or they could be for worldwide basis, but they will be driven and developed by teams in the US. We believe that this location will allow us to attract the best and the brightest of scientists from the huge talent pool available in the US.

We believe that this location in Rockville, **a few miles away from key stakeholders, from the FDA to the NIH, to other stakeholders.**

This centre used to be the HGS facilities in Rockville, Maryland. **We have recycled it for our Vaccine organisation.**

This will be a cornerstone to our US strategy to succeed.

We have already started to execute on it.

We believe that **these Vaccines, once available in the 2020s, when combined in our portfolio with the Boostrix Vaccine and the Quadrivalent Flu Vaccine, 2 Vaccines for which there is already a recommendation for Vaccination in third trimester pregnant women, we will create a critical Mass of Vaccines targeted to this potential new segment in the population for immunisation, a segment by definition equal in size to that of the birth cohort, paediatric segment.**

A significant opportunity for growth beyond what I have described to you with our products." - Dr Moncef Slaoui in "Vaccines business overview", GSK, 11 May 2015.

The Global Vaccine Industry

"There are a few Major Makers of the Vaccine in the US:

Sanofi Pasteur is the largest, supplying a projected 65 Million doses or more this year (2015), followed by Australian company CSL Biotherapies, at up to 54 Million doses (after acquiring Novartis's Flu Vaccine unit in August 2015), and GlaxoSmithKline, at up to 38 Million doses. And competition can be fierce.

The Holy Grail for Flu: A Universal Vaccine

The holy grail for flu, researchers say, is to find a Universal Vaccine that would render remaking the Vaccine every year unnecessary.

GSK's Slaoui said he's been thinking about the potential for a Universal Vaccine for almost 30 years, and some promising approaches have emerged recently.

The flu virus, he said, is "like a stem with a little balloon at the top of it."

That balloon is the part shown to the immune system, and it's also the part that changes from strain to strain, enabling the virus to escape the immune system.

Dr Anthony Fauci, MD Director of the National Institute of Allergy and Infectious Diseases, said he's optimistic a Universal Vaccine is 5 to 10 years away." - in "The $1.6 Billion Business of Flu", CNBC, 19 October 2015.

The Market for Influenza Vaccines at $4 Billion - 2015

"Last season was unusual because not only did we have one strain of influenza that caused almost all of the reported flu cases, but it was different — **it had mutated — so it was different than the strain that was represented in the Vaccine.**

The Centers for Disease Control and Prevention (CDC), said manufacturers are distributing more Flu Vaccine in the U.S. than ever: a projected 171 Million to 179 Million doses this year (2015).

That's up from 147.8 Million distributed last year, amounting to **$1.61 Billion in revenue**, according to industry researcher IMS Health.

Globally, manufacturer CSL Biotherapies estimates the market for Influenza Vaccines at $4 Billion." - Dr. William Schaffner, medical director of the National Foundation for Infectious Diseases, in "NBC talks to MPH's Schaffner about $1.6 billion effort to prevent the flu this season", Vanderbilt University School of Medicine, 21 October 2015.

Infectious Disease Vaccine Valued at USD $35 Billion by 2020

"The Vaccine Industry is composed of companies that are engaged in any of the following activities: research (including that performed in industry and biotech), development, manufacture, or sales, marketing, and distribution of vaccines. **They receive their revenue chiefly from sales of vaccine products or expectations thereof.**

The Vaccine Industry is relatively small, compared to the pharmaceutical industry, but growing.

We estimate that total Infectious Disease Vaccine sales in 2013 were **more than $25 Billion worldwide and expected to grow to about $35 Billion by 2020.**

Although components of the Vaccine Industry are found in 50 countries worldwide, **the large Vaccine Companies are primarily U.S. - or European - based and have the dominant share of vaccine business on a revenue basis.**

- Full-Scale Companies with Large Vaccine Focus
90% World Market Share
France: Sanofi
United Kingdom: GlaxoSmithKline
United States: Merck
United States: Pfizer

- Other Full-Scale Companies with Vaccine Divisions
Australia: CSL (CSL Biotherapies)
United Kingdom: AstraZeneca (MedImmune)
United States: Johnson & Johnson (Crucell)

- Product Development Partnerships
Korea: International Vaccine Institute
United States: Aeras Global TB Vaccine Foundation
United States: Dengue Vaccine Initiative
United States: International AIDS Vaccine Initiative
United States: Malaria Vaccine Initiative
United States: Sabin Hookworm Vaccine Initiative

In the past 20 years, the Vaccine Business, a former laggard in the Pharmaceutical Business, has shown remarkable growth powered by new innovative vaccines coupled with superior pricing strategies.

Specifically contributing to this spectacular growth were the varicella, hepatitis A, pneumococcal conjugate, shingles, rotavirus, meningococcal conjugate for A, C, Y, W, and human papillomavirus (HPV) vaccines, as well as **myriad combination vaccines.**

This projected growth may plateau in the early 2020s unless the Vaccine Industry continues to introduce new innovative products.

New alliances will be formed between the big 4 manufacturers (Sanofi, GlaxoSmithKline, Merck, Pfizer), and emerging companies in India, China, and Brazil, to take advantage of increasing immunization rates in those countries as well as growth of their private markets.

The United States has been extraordinarily successful in vaccine research and development (R&D).

In the past 20 years, most new Vaccines approved worldwide were developed in the United States.

Less than 1 in 15 vaccine candidates entering Phase II achieves licensure.

The high failure rate is the result of a variety of reasons:

1. **Not fully understanding the biology of protection.**
2. **Lack of good animal models to predict Vaccine behavior in humans.**
3. **Unpredictability of human immune system reactions to antigens as it relates to immunogenicity or safety.**
4. **The unpredictability of the impact of combining multiple components in a Vaccine.**

Nongovernmental organizations (NGOs) are playing an increasing role in vaccine research.

The Bill and Melinda Gates Foundation supports several organizations including the International AIDS Vaccine Initiative, the Malaria Vaccine Initiative, Aeras (dedicated to developing TB vaccines), and others with

significant funding for development of vaccines that would have the greatest impact on diseases of **developing countries."** - in "The Vaccine Industry", Plotkin's Vaccines, 2018.

In The Last 20 Years The Vaccine Business Had Remarkable Growth

"In the past 20 years, the vaccine business, a former laggard in the pharmaceutical business, has shown remarkable growth", obviously this is tied with the entrance of William Henry Gates III, in the Vaccine Industry in 2000.

Global Market for Preventive Vaccines Valued At USD $202.6 Billion

"In 2022, the Global Market for Preventive Vaccines is valued at $202.6 Billion. That's up from $34.1 Billion in 2017, and just $25 Billion in 2010." - in "World Vaccines Market Research Report 2022-2027 Featuring Astra Zeneca, Pfizer, Moderna, Glaxo Smith Kline, CSL, Johnson and Johnson, Merck & Co, Inc., Sanofi Pasteur, Bharat Biotech and Takeda", Research and Markets", 7 February 2023.

> ***"While we have no proof that Cervical Cancer is caused by HPV. Has long we only have an association.***
> ***It's fundamentally useless to Vaccinate against HPV, Because the chances are that it is not caused - cervical cancer - it is not caused by HPV.***
> ***In which case the cancer will occur whether there is HPV or not."*** *- Dr Christian Fiala, MD, in "Sacrificial Virgins", Documentary, 2017.*

We Need To Make A Billion Doses Next Year There Is Going To Be A Pandemic - 2019

"So the great news versus 2020, where we are today, is we have Manufacturing Capacity, as Seth knows, when the pandemic happened more than I had made a hundred thousand doses in 2019 for the whole year.

And I remember walking after that, I was into the office of my other manufacturing, and I said: "How we make a billion doses next year", and you look at me a bit funny..., say what?

I said: "Yeah, we need to make a billion doses Next Year there's gonna be a Pandemic." - **Stéphane Bancel, CEO of Moderna,** in "Davos Live: Moderna and Gavi CEOs at World Economic Forum, 'State of the Pandemic' Session", Reuters, Streamed live, 18 January 2023.

The Farce of So-Called "Pharmaceutical Trials"

"The UK-based group AllTrials says **Drug Companies have hidden the results for around half of all Clinical Trials.**

Tony Jones, Presenter – **The Federal Government spent more than $200 Million stockpiling Tamiflu and Pharmaceutical giant Roche enjoyed a $4 Billion global sales spike when Swine Flu hit back in 2009.**

Dr Chris Del Mar, MD - **The big thing that we did find was that it didn't help the complications, the hospitalisations, any of the complications we were particularly interested in and are particularly important for this drug - it's one of the reasons for having it - didn't seem to work."** - in "Lethal Secrets", ABC, 16 April 2015.

Novovax Covid-19 Vaccine as the Only Marketed Product After 35 years in Business

"Novovax – which has its Covid-19 Vaccine as the only marketed product after 35 years in business." - in "Novavax to receive $350 Million from Canada for unused COVID shots", Reuters, 7 July 2023.

BioNTech Covid-19 Vaccine as the Only Marketed Product After 12 years in Business

"Before 2020, Germany's BioNTech (founded in 2008) was a relatively little-known biotechnology company.

That all changed when Covid-19 arrived.

Pfizer announced an early analysis of its Coronavirus Vaccine — developed in partnership with BioNTech.

Dr Anthony Fauci had previously said a Vaccine that is 50% or 60% effective would be acceptable." - "What you need to know about BioNTech — the European company behind Pfizer's Covid-19 Vaccine", CNBC, 11 November 2020.

Moderna Covid-19 Vaccine as the Only Marketed Product After 10 years in Business

"Moderna biotech has no other marketed products and has never had to build out distribution channels for a medicine.

Moderna's vaccine is a new type of medicine, like the one from Pfizer and its partner, BioNTech SE." - in "Moderna has never distributed a product before", Fortune, 19 November 2020.

Pfizer's Covid-19 Vaccine Becomes Highest-Selling Pharmaceutical In History

"Pfizer on 8 February 2022 Reported $36.8 Billion in 2021 sales, for its Covid-19 Vaccine, making it the highest-selling pharmaceutical product in a single year.

Three things to know:

1. In 2021, Pfizer hauled in $7.8 Billion in U.S. COVID-19 Vaccine sales and $29 Billion in international sales.

2. The second-highest sales of a pharmaceutical product in a single year also came in 2021, as AbbVie raked in $20.7 Billion for its rheumatoid arthritis drug Humira.

3. **Pfizer controls about 70% of the COVID-19 Vaccine market in the U.S. and Europe."** - in "Pfizer's COVID-19 Vaccine becomes highest-selling Pharmaceutical in History", Becker's Hospital Review, 9 February 2022.

Year 2022 Revenues $100.3 Billion An All-Time High for Pfizer

"Full-Year 2022 Revenues of $100.3 Billion, An All-Time High for Pfizer, Reflecting 30% Operational Growth.

Continues to Make Progress on Pfizer's Unprecedented Number of Anticipated Launches of New Products and Indications, Including Recent Regulatory Filing Acceptances for Prevnar 20 Pediatric, **its RSV Vaccine for Older Adults, Etrasimod, and its Pentavalent Meningococcal Vaccine."** - in "Pfizer Reports Record Full- Year 2022 Results And Provides Full Year 2023 Financial Guidance", Business Wire, 31 January 2023.

The First Respiratory Syncytial Virus Vaccine - 2023

"Today, the U.S. Food and Drug Administration approved Arexvy, the first respiratory syncytial virus (RSV) Vaccine approved for use in the United States.

Arexvy is approved for the prevention of lower respiratory tract disease caused by RSV in individuals 60 years of age and older.

RSV is a highly contagious virus that causes infections of the lungs and breathing passages in individuals of all age groups.

RSV circulation is seasonal, typically starting during the fall and peaking in the winter.

Among all clinical trial participants, atrial fibrillation within 30 days of vaccination was reported in 10 participants who received Arexvy." - in "FDA Approves First Respiratory Syncytial Virus (RSV) Vaccine", FDA, 3 May 2023.

The Next Big Business Opportunity To Develop A Vaccine For The Next Disease X

"The Coalition for Epidemic Preparedness Innovations (CEPI) is dishing out up to $2.5 Million to Codiak BioSciences to develop Vaccines for COVID-19 and the mystery disease X that could strike next.

All efforts are part of **CEPI's $3.5 Billion investment strategy** to improve the **global response to infectious disease pandemics and epidemics.**

The foundation has the lofty goal of cutting down Vaccine development timelines to 100 days, a move CEPI thinks would improve the world's chances against the next Disease X." - in "Codiak gets $2.5M from CEPI to forge way out of pandemic, prep for Disease X", Fierce Biotech, 5 July 2022.

"The Swine Flu Scare of 2009, and Vaccine, was a plot, by the secret power elite that wants to govern the world. The aim of the plot, was to make this power elite richer, by selling Vaccines.

And the Vaccine are actually a poisonous compound, that may in time be activated in order to eliminate 2/3 of the world's population." *- Dr Rauni-Leena Tellervo Luukanen-Kilde, MD, Former Chief Medical Officer for Lapland, Iceland, Interview in "Bevolution / The Human Project", 2010.*

Profitable World of TV Talking Heads & Vaccine Paddlers

"The Media in our country is an extension of the Pharmaceutical Industry, there's 75% of Advertising Revenues now on the Mainstream Media, are now coming from Pharma, and that ratio is even higher for the Evening News. Because in the Evening News, is where you see Pharmaceuticals Advertisement.

Anderson Cooper (Anchor at CNN) has a USD $12 Million a year annual salary.

Well, USD $10 Million of that is coming from Pfizer.

So, his boss is not CNN, his boss is Pfizer.

They say on his program "Brought to you by Pfizer."

Of course, he's not going to tell you the truth about Pfizer's product.

He's going to try to sell it to you.

He's going to try to scare the hell out of you saying 'if you don't take this, you're going to die." - Robert F. Kennedy Jr., Lawyer, in "Censorship, Fauci & The Truth About Big Pharma", London Real, 2 October 2022.

> ***"Anderson Cooper is still working with CNN on a 5-year deal that is worth over $100 Million. Anderson Cooper is the son of writer Wyatt Emory Cooper and artist Gloria Vanderbilt. Cooper's grandparents have passed on millions of wealth to his parents. He had an inheritance of over $135 million in a trust fund, managed by billionaire investor Josh Harris.***
>
> ***Owns numerous houses, mansions, real estate investments, and a private jet, and a few yachts. A year ago, he bought a Gulfstream Jet for $35 Million. A few months later, he bought a 50-foot yacht from a Russian Billionaire, for $11 Million. Stock investments in over 20 biggest companies in the world. Owns shares in Apple, Walmart, Netflix, Tesla, Microsoft, Alphabet, and Mastercard."*** *- in "Anderson Cooper Net Worth 2023: CNN Salary (Forbes)", Net Worth Club, 5 June 2023.*

Conflicts Of Interest In Vaccine Policy Making - 2000

"In August 1999, the Committee on Government Reform initiated an investigation into Federal Vaccine Policy.

Focused on possible conflicts of interest on the part of Federal policy-makers.

Committee staff has conducted an extensive review of financial disclosure forms and related documents, and interviewed key officials from the Department of Health and Human Services (HHS), including the Food and Drug Administration (FDA), and the Centers for Disease Control and Prevention (CDC).

This report focuses on 2 influential advisory committees utilized by Federal regulators to provide expert advice on Vaccine Policy:

1. The FDA Vaccines and Related Biological Products Advisory Committee (VRBPAC);
2. The CDC Advisory Committee on Immunizations Practices (ACIP).

Specific problems identified in this report:

1. The CDC routinely grants waivers from conflict of interest rules to every member of its advisory committee.

2. CDC Advisory Committee members who are not allowed to vote on certain recommendations due to financial conflicts of interest are allowed to participate in committee deliberations and advocate specific positions.

3. The Chairman of the CDC's advisory committee until recently owned 600 shares of stock in Merck, a pharmaceutical company with an active Vaccine division.

4. Members of the CDC's advisory committee often fill out incomplete financial disclosure statements, and are not required to provide the missing information by CDC ethics officials.

5. 4 out of 8 CDC advisory committee members who voted to approve guidelines for the rotavirus Vaccine in June 1998, had financial ties to Pharmaceutical Companies that were developing different versions of the Vaccine.

6. 3 out of 5 FDA advisory committee members who voted to approve the rotavirus Vaccine in December 1997, had financial ties to Pharmaceutical Companies that were developing different versions of the Vaccine.

This Report examines the deliberations of the 2 committees on one specific Vaccine - the Rotavirus Vaccine.

Approved for use by the FDA on 31 August 1998, **the Rotavirus Vaccine was pulled from the market 13 months later after Serious Adverse Reactions** to the Vaccine emerged. **Financial disclosure forms and waivers granted to committee members who participated in these meetings were analyzed, along with their votes and actions taken during the meetings.**

Severe Bowel Obstructions Tied to "RotaShield" Vaccine

A little more than 1 year after the "RotaShield" rotavirus vaccine was licensed by the Food and Drug Administration (FDA), as a "Safe and effective" Vaccine, it was removed from the market due to Adverse Events.

More than 100 cases of Severe Bowel Obstruction, or Intussusception, were reported in children who had received the Vaccine.

As of 15 October 1999, 102 cases of intussusception, 57 had received the Vaccine.

Of these, 29 required surgery, 7 underwent bowel resection, and one 5 month old infant, died after developing Intussusception, 5 days after receipt of the Vaccine.

A case study was conducted that estimated that the risk of **Intussusception was increased by 60% among children who received the "RotaShield" Vaccine.**

It is alarming that it was known **during clinical trials and the licensing process that there were increased incidences of intussusception in Vaccinated infants.**

The CDC continues to provide inconsistent information on their web site.

The fact sheet **significantly plays down the seriousness of the Adverse Event** and asserts that no association has been made.

The "RotaShield" Rotavirus Vaccine was removed from the U.S. market in October 1999.

The Government Reform Committee=s investigation of the VRBPAC's "RotaShield" vaccine approval meeting raised several concerns:

1. Unanimous vote despite concerns raised:

At the VRBPAC meeting, several members raised concerns about Adverse Effects that occurred at the rotavirus clinical trials.

These included: **Intussusception, Infants failure to thrive, Febrile reactions, among others.**

2. Conflicts of interest of VRBPAC members:

4 out of 5 members had conflicts of interest that necessitated waivers.

Perhaps one of the major problems contributing to the overall influence of the Pharmaceutical Industry over the Vaccine approval and recommendation process may be the loose standards that are used by the agency in determining whether a conflict actually exists.

In many cases, significant conflicts of interest are not deemed to be conflicts at all.

4. Conflicts of interest of consultants:

At least 3 consultants participated in the discussion of the "RotaShield" Vaccine on 12 December 1997.

They were:

Dr Neal Halsey: Has been one of the leading investigators and advocates in the area of Vaccines.

In addition to numerous grants and contracts from different vaccine manufacturers, Dr Halsey has received frequent reimbursements for travel expenses and honoraria from companies such as Merck.

Importantly, at the time of the "RotaShield" approval meeting, Dr Halsey was seeking start-up funds from most of the vaccine manufacturers for the establishment of an institute for vaccine safety at Johns Hopkins University, where he works.

He has already received $50,000 from Merck and was awaiting funds from Wyeth Lederle.

Dr Halsey also participated in the rotavirus working group of the ACIP.

Also, Dr Halsey was the Chair of the Committee on Infectious Diseases and representative of the American Academy of Pediatrics which, in conjunction with the CDC, sets and advertises the recommendations for schedules and dosages of immunizations.

Dr Halsey was granted a waiver by the FDA for participation in the VRBPAC.

He participated during the morning session and then recused himself at the beginning of the afternoon session due to conflicts that were not disclosed in the minutes of the meeting. Finally, Dr Halsey's employer, Johns Hopkins University, is also the employer of Dr Clements-Mann, who was excluded from the discussions.

Dr John Modlin: At the time of the "RotaShield" approval meeting, Dr Modlin owned approximately $26,000 of stock in Merck, an affected company.

He has also served on Merck's Immunization Advisory Board from 1996 to the present.

These financial interests were waived and he was allowed to participate extensively in the meeting although, as a consultant, he was not allowed to vote.

Also, Dr Modlin was at the time the Chairman of the ACIP and its rotavirus working group.

6. Recurrent membership:

A troubling pattern is the recurrence of members, temporary voting members and consultants, year after year, despite term limits, which greatly limits the diversity of opinion that is sought in this type of committee.

After reviewing the VRBPAC rosters of members and consultants for the past few years, it becomes apparent that many of the members have frequently participated in committee proceedings for many years.

Also, it is evident that there are a significant number of people who frequently participate in proceedings at both the FDA and the CDC, despite a policy that prohibits the simultaneous participation of members in more than one advisory committee within the agency.

In this particular meeting, at least 4 of the members (Dr Broome, Dr Snider, Dr Modlin, and Dr Halsey) were intrinsically involved in the development of recommendations for the CDC.

In other words, these persons influence the process of vaccine approval and recommendation.

Dr Halsey also chaired the American Academy of Pediatrics committee, which helps set and advertise the schedule and dosage of recommended Vaccines.

7. Timing of the Proceedings:

A particularly troubling aspect of the deliberations on the "RotaShield" Vaccine is the sequence of events.

The ACIP Committee voted to recommend universal vaccinations of infants before the FDA licensure of the vaccine.

C. Problems Identified During the Committee's Investigation:

The Committee staff's review of the ACIP's consideration of the rotavirus Vaccine identified serious weaknesses in the CDC's policing of conflicts of interest on this advisory committee.

On 25 June 1998, the ACIP voted to recommend the rotavirus Vaccine for routine use in infants.

In reviewing the minutes of ACIP meetings and the financial disclosure forms of the ACIP members, the Committee staff identified a number of troubling issues:

1. ACIP Members Do Not Fully Disclose Conflicts of Interest:

Examination of ACIP members' financial disclosure forms reveals that many members do not fill them out completely.

2. Every Member of the ACIP is Granted a 208 (B) Waiver for the Entire Year:

The CDC grants blanket waivers to the ACIP members each year that allow them to deliberate on any subject, regardless of their conflicts, for the entire year.

3. ACIP Members are Allowed to Vote on Vaccine Recommendations, Even When They Have Financial Ties to Drug Companies Developing Related or Similar Vaccines.

4. Members Who are Not Allowed to Vote on a Recommendation Due to Financial Conflicts are Allowed to Fully Participate in the Discussion Leading up to a Vote.

CDC conflict-of-interest policies are contrary to those of both the FDA, and that of the National Institutes of Health (NIH).

5. Liaison Representatives Don't have to Disclose Financial Conflicts of Their Organizations:

Liaison representatives to the ACIP are not considered SGEs by the CDC.

In the process of investigating events leading up to the approval of the rotavirus vaccine, the Committee staff has learned that the relationship between liaison members and the ACIP is substantially more formal than described by the CDC.

The Committee staff was able to find that the following organizations represented by the ACIP liaison representatives have ties to numerous Vaccine manufacturers:

a. American Academy of Family Pediatrics:
Abbott Laboratories, American Home Products Corporation, Aventis, Bayer Corporation, bioMerieux, Boehringer Ingelheim Chemicals Co., Bristol-Myers Squibb Company, Eli Lilly and Company, Forest Laboratories, G.D. Searle & Co., Glaxo Wellcome plc, Janssen Pharmaceutica, Lederle Laboratories, Merck & Co., Muro Pharmaceuticals, Novartis, Novo Nordisk A/S, Ortho-McNeil Pharmaceuticals, Otsuka America Pharmaceutical, Inc., Pasteur Merieux Connaught, Pfizer, Inc., Pharmacia, Schering AG, Schwarz Pharma, Inc., SmithKline Beecham, Solvay S.A., Warner-Lambert Company, and Wyeth-Ayerst Laboratories.

b. American Academy of Pediatrics:
Abbott Laboratories, Astra, Merck & Co., Pasteur Merieux Connaught, Pfizer, Inc., and SmithKline Beecham.

c. American College of Obstetricians and Gynecologists:
Berlex Laboratories, Eli Lilly and Company, Novartis, Ortho McNeil Pharmaceutical, Pharmacia, Schering AG, and Wyeth-Ayerst.

d. American Medical Association:
Aventis, Glaxo Wellcome plc, Merck & Co., Pfizer, and Shering AG.

e. Infectious Disease Society of America:
Aventis and Bristol-Myers Squibb Company.

f. Biotechnology Industry Organization:
Merck & Co., Wyeth-Ayerst and many other pharmaceutical companies.

g. Pharmaceutical Research and Manufacturers of America:
Over 100 pharmaceutical companies hold membership, including Merck & Co., Bristol-Myers Squibb, SmithKline Beecham, Wyeth-Ayerst, and American Home Products.

6. The Use of Working Groups is Contrary to the FACA

a. Members of the Rotavirus Working Group of the ACIP:
The ACIP rotavirus work group was responsible for creating the statement recommending universal use of the rotavirus Vaccine.
The working group has 10 members, 7 of whom have identifiable conflicts of interest with Vaccine Manufacturers, or Vaccine interest groups.
The group's meetings were held in private with no minutes or records of the proceedings taken.

Conclusions and Recommendations

It is clear that the VRBPAC and the ACIP are dominated by individuals with close working relationships with the manufacturers of vaccines.
Vaccines that have not been subjected to rigorous scientific testing and review can be dangerous.
The CDC, for reasons that are not clear, did not designate Merck and SmithKline Beecham "affected companies."
The CDC has virtually no standards because all ACIP members automatically receive annual waivers.

There is no evidence that either the FDA or the CDC has attempted to find qualified replacements for conflicted committee members.

When advisory committee members own stock in companies that are affected by their decisions, it leads to a clear perception that their decisions are influenced by their financial interests.

Numerous members of both committees hold stock in Vaccine Manufacturers.

12. ACIP should not consider making a recommendation on a vaccine until it has been licensed by the FDA.

Prior to licensing, a vaccine cannot be construed as safe and effective.

It is therefore inappropriate for the ACIP to make recommendations on a Vaccine which has not completed the approval and licensing process.

The ACIP voted to add the "RotaShield" Vaccine to the Childhood Immunization Schedule prior to licensing.

This should not happen.

Vaccines are the only drugs U.S. citizens are mandated to receive.

While Vaccines are mandated by state governments, the decision of a state government to mandate a Vaccine is based on the recommendations of Federal advisory committees." - in "Conflicts of Interest in Vaccine Policy Making Majority Staff Report", Committee on Government Reform, U.S. House of Representatives, 21 August 2000.

Definition of "Vaccine" Science In the Making - 2021

19 August 2021

From: Downs, Alycia E. <gfy4@cdc.gov>
To: Morell, Valerie <vxm4@cdc.gov>
Subject: Need to Update Vaccine Definition on Website

Hi Valerie,

"I need to update this page Immunization Basics | CDC since these definitions are outdated and being used by some to say COVID-19 Vaccines are not Vaccines per CDC's own definition.

Could you please take a look at the attached work doc and let me know if this looks okay to you?

The mRNA language was pulled from the Covid-19 website. Cynthia and Alison Fisher have both reviewed but I would really appreciate your help with this."

Alycia Downs
CDC Lead Health Communication Specialist

25 August 2021

From: Downs, Alycia E. <gfy4@cdc.gov>
To: Morell, Valerie <vxmd4@cdc.gov>
Subject: RE: Need to update vaccine definition on website

Hi Valerie,

"I know you are busy so really appreciate your help.

The definition of Vaccine we have posted is problematic and people are using it to claim the COVID-19 vaccine is not a Vaccine based on our own definition.

Does the updated version look okay to you? Thank you!

Currently posted:

Vaccine: A product that stimulates a person's immune system to produce immunity to a specific disease, protecting the person from that disease. Vaccines are usually administered through needle injections, but can also be administered by mouth or sprayed into the nose.

Update to:

Vaccine: A preparation that is used to stimulate the body's immune response against disease. Vaccines are usually administered through needle injections, but some can be administered by mouth or sprayed into the nose."

Alycia Downs
CDC Lead Health Communication Specialist

CDC Definition for Vaccine & Vaccination
- 26 August 2021

"Vaccine: A product that stimulates a **person's immune system to produce immunity** to a specific disease, protecting the person from that disease. Vaccines are usually administered through needle injections, but can also be administered by mouth or sprayed into the nose.

Vaccination: The act of introducing a vaccine into the body **to produce immunity** to a specific disease." - in "Vaccines & Immunizations", Immunization Basics, CDC, 26 August 2021.

CDC Definition for Vaccine & Vaccination - 1 September 2021

Vaccine: A preparation that is used to **stimulate the body's immune response** against diseases. Vaccines are usually administered through needle injections, but some can be administered by mouth or sprayed into the nose.

Vaccination: The act of introducing a vaccine into the body to **produce protection** from a specific disease." - in "Vaccines & Immunizations", Immunization Basics, CDC, 1 September 2021.

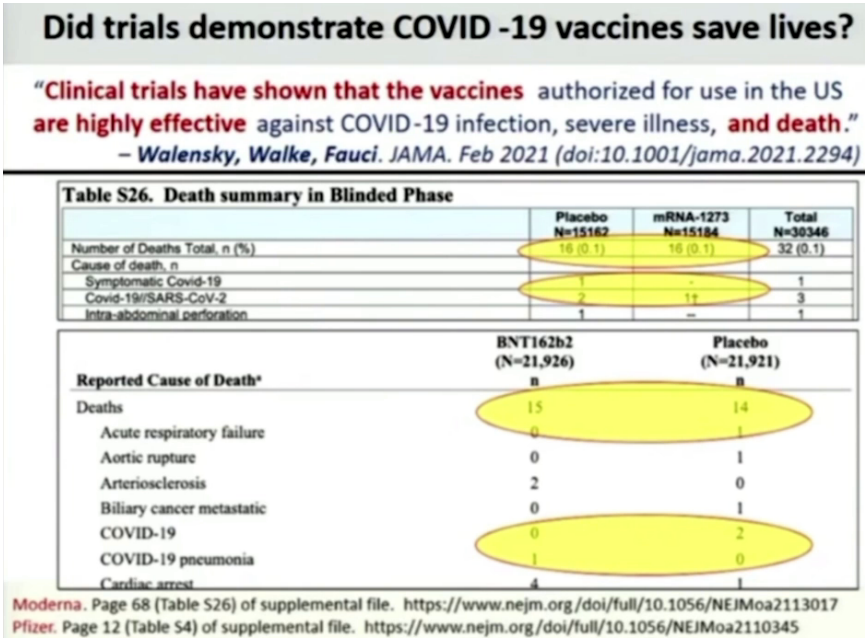
The "Efficacy" of Moderna & Pfizer "Covid-19 Vaccines"

Table S26. Death summary in Blinded Phase

	Placebo N=15162	mRNA-1273 N=15184	Total N=30346
Number of Deaths Total, n (%)	16 (0.1)	16 (0.1)	32 (0.1)
Cause of death, n			
Symptomatic Covid-19	1	-	1
Covid-19//SARS-CoV-2	2	1†	3
Intra-abdominal perforation	1	--	1
Stage 4 pancreatic cancer	1	-	1
Complication of amyotrophic lateral sclerosis	1	-	1
Myocardial infarction	4	1	5
Cardiopulmonary arrest	1	2	3
Unknown death (details unknown, pending autopsy, unknown origin/cause)	2	3	5
Severe systemic inflammatory syndrome in the setting of CLL	1	-	1
Committed suicide	1	1	2
Seizure	1		1
End stage congestive heart failure	-	1	1
Cardiac arrest	-	1	1
Provisional diagnosis, sudden fatal event, likely myocardial infarction	-	1	1
Worsening metastatic hepatocellular carcinoma	-	1	1
Right lower lobe pulmonary nodule concerning for primary lung malignancy	-	1	1
GI bleed and multisystem organ failure and acute hypoxic respiratory failure	-	1	1
Head trauma	-	1	1
Death suspected due to coronary artery disease, probably to complications of diabetes mellitus	-	1	1

Percentages based on participants in the safety set. †Participant with a medical history of liver disease and human immunodeficiency virus, had a death attributed to Covid-19 that occurred 119 days post-dose 1; however, did not receive a second dose and was not included in the analysis of the secondary endpoint for prevention of Covid-19 death as only deaths due to Covid-19 14 days after 2nd dose were analyzed. Data-cutoff date March 26, 2021.

- in "Efficacy of the mRNA-1273 SARS-CoV-2 Vaccine at Completion of Blinded Phase", New England Journal of Medicine, 4 November 2021.



Graphic by Dr Peter Doshi, PhD

A Strange Chapter of Medical History & Vaccination

"It is difficult to conceive what will be the excuse for a century of cow-poxing; but it cannot be doubted that the practice will appear in as absurd a light to the common sense of the 20th century as blood-letting now does to us.

Vaccination differs, however, from all previous errors of the faculty, in being maintained as the law of the land on the warrant of medical authority.

That is the reason why the blow to professional credit can hardly help being severe, and why the efforts to ward it off have been, and will continue to be so ingenious." - Dr Charles Creighton, MD, Professor University of Cambridge, Author of Cowpox and Vaccinal Syphilis, in "Jenner and Vaccination: A Strange Chapter of Medical History, and Vaccination", Encyclopædia Britannica, 1889.

Serious Adverse Effects of Covid–19 Vaccinations

Speaking on the Serious Adverse Effects of Covid–19 Vaccinations, on the Global Population, and the catastrophic effects it is having on fertility, women, children and babies:

> ***"Greatest Crime that has ever taken place in the History of Humanity"*** *- Naomi Wolf, bestselling Author, Columnist, and Professor, in "Did Pfizer know?", UK Column, 22 June 2023.*

Repeat Malfeasance Offenders

"On 15 January 2010, US federal prosecutors in Boston filed a complaint against Johnson & Johnson and related companies, alleging violations of the federal False Claims Act and related legislation.

The appointment of Dr Bernard Prigent, vice-president and medical director of Pfizer Canada, to the Governing Council of the Canadian Institutes of Health Research, outraged many Canadian health researchers.

Pfizer has been a "habitual offender," persistently engaging in illegal and corrupt marketing practices, bribing physicians and suppressing adverse trial results.

Since 2002 the company and its subsidiaries have been assessed $3 Billion in criminal convictions, civil penalties and jury awards.

The $2.3 Billion settlement in September 2009 – a month before Dr Prigent's appointment – set a new record for both criminal fines and total penalties.

A link with Pfizer might well advance the commercialization of Canadian research – unhindered by law or morality. In 8 years of repeated malfeasance, Pfizer has accumulated just under $3 Billion in fines and civil penalties, or only about a third of last year's net revenues.

Looking at Pfizer's record, one thinks of the phrase "habitual criminal."- in "Tough on Crime? Pfizer and the CIHR", Healthcare Policy, May 2010.

Vaccines & Sudden Infant Death Syndrome - 1984

"Dr William Torch, MD, University of Nevada School of Medicine, Reno, raised the issue before a crowded gathering of experts on the nervous system with his report on the results of a study of 103 cases of Sudden Infant Death Syndrome.

He found that 2/3 of the children had received DPT immunizations in the 3 weeks prior to their deaths.

Many of them died within 1 day after getting a shot.

He maintained that this was not a matter of mere coincidence and concluded that a "causal relationship is suggested", in at least some cases of crib death affecting young infants." - in "Doctors Challenge Evidence -Connecting Crib Death, Shots", The Washington Post, 1 May 1982.

"Parents of 145 SIDS victims, who died in Los Angeles County between 1 January 1979 and 23 August 1980, were contacted and interviewed regarding their child's recent immunization history.

53 had received a DTP immunization.

Of these 27 had received a DTP immunization within 28 days of death.

6 SIDS deaths occurred within 24 hours, and 17 occurred within 1 week of DTP immunization.

These SIDS Deaths were significantly more than expected.

An additional 46 infants had a physician/clinic visit without DTP immunization prior to death.

40 of these infants died within 28 days of this visit, 7 on the 3rd day, and 22 within the first week following the visit.

These deaths were also significantly more than expected." - in "Possible temporal association between diphtheria-tetanus toxoid-pertussis Vaccination and Sudden Infant Death Syndrome", Pediatr. Infect. Dis., Jan-Feb 1983.

"Immunization against pertussis is given along with Vaccines for diphtheria and tetanus in the DPT inoculation.

Although the Vaccine has been used for decades, it is one of the most controversial of immunizations.

Doubts persist about its effectiveness, and many doctors share my concern that the potentially damaging side effects of the Vaccine may outweigh the alleged benefits.

Dr Gordon T. Stewart, MD, Department of Community Medicine, University of Glasgow, Scotland, is one of the most vigorous critics of the pertussis Vaccine.

He says he supported the inoculation before 1974 but then began to observe outbreaks of pertussis in children who had been Vaccinated.

He says, "30% of our whooping cough cases are occurring in vaccinated patients. This leads me to believe that the vaccine is not all that protective."

He shares my view that the key factor in controlling whooping cough is probably not the Vaccine but improvement in the living conditions of potential victims.

As is the case with other infectious diseases, mortality had begun to decline before the Vaccine became available.

The Vaccine was not introduced until about 1936, but mortality from the disease had already been declining steadily since 1900 or earlier.

According to Stewart:

> ***"The decline in pertussis mortality was 80% before the Vaccine was ever used."***

He shares my view that the key factor in controlling whooping cough is probably not the Vaccine but improvement in the living conditions of potential victims.

The common side effects of the pertussis Vaccine, acknowledged by JAMA, are fever, crying bouts, a shock-like state, and local skin effects such as swelling, redness, and pain. **Less frequent but more serious side effects include convulsions and Permanent Brain Damage resulting in mental retardation.**

The Vaccine has also been linked to Sudden Infant Death Syndrome (SIDS).

In 1978-79, during an expansion of the Tennessee childhood immunization program, 8 cases of SIDS were reported immediately following routine DPT immunization.

Yet millions of children are immunized against it with repeated injections at 2, 4, 6, and 18 months, and then given a booster shot when they enter school.

This despite evidence over more than a dozen years from rare outbreaks of the disease, that children who have been immunized fare no better than those who have not.

During a 1969 outbreak of diphtheria in Chicago the City Board of Health reported that: 4 of the 16 victims had been fully immunized against the disease, and 5 others had received 1 or more doses of the Vaccine.

A report on another outbreak in which 3 people died, revealed that 1 of the fatal cases and 14 of 23 carriers had been fully immunized.

The incidence of infectious diseases, does not correlate in any respect with whether a state has legally mandated mass immunization or not.

In view of the rarity of the disease, the effective antibiotic treatment now available, the questionable effectiveness of the Vaccine, the multimillion dollar annual cost of administering it, and the ever-present potential for harmful, long-term effects from this or any other Vaccine.

I consider continued mass immunization against diphtheria indefensible.

Sudden Infant Death Syndrome (SIDS)

The dreadful possibility that they may awaken some morning to find their baby dead in his crib is a fear that lurks in the minds of many parents.

Medical science has yet to pinpoint the cause of SIDS, but the most popular explanation among researchers appears to be that the Central Nervous System is affected so that the involuntary act of breathing is suppressed.

That is a logical explanation, but it leaves unanswered the question: What caused the malfunction in the central nervous system?

My suspicion, which is shared by others in my profession, is that the nearly: 10,000 SIDS Deaths that occur in the United States each year are related to one or more of the Vaccines that are routinely given children.

The pertussis Vaccine is the most likely villain, but it could also be one or more of the others.

Dr William Torch, University of Nevada School of Medicine at Reno, has issued a report suggesting that the DPT shot may be responsible for SIDS cases.

He found that **2/3, of 103 children who died of SIDS, had been immunized with DPT Vaccine, in the 3 weeks before their deaths, many dying within 1 day after getting the shot.**

He asserts that this was not mere coincidence, concluding that a "causal relationship is suggested" in at least some cases of DPT Vaccine and crib death.

Also on record are the Tennessee deaths, referred to earlier.

In that case the manufacturers of the vaccine, following intervention by the U.S. surgeon general, recalled all unused doses of this batch of Vaccine." - Dr Robert S. Mendelsohn, MD, in "The Medical Time Bomb of Immunization Against Disease", East West Journal, November 1984.

> ***"Let's drop this nonsense about crib deaths. We don't think they are crib deaths. We think they are shock like deaths that out of incompetency the Centers for Disease Control (CDC), began to call crib deaths with no proof and the coroners innocently have followed along with this practice."*** *- Dr Kevin C. Geraghty, MD, in "The Fresno Bee", 3 December 1984.*

"In 1985 twin boys simultaneously succumbed to sudden unexpected deaths 2 to 3 hours after Vaccination with diphtheria, tetanus, and pertussis Vaccine (DTP)." *- in "Vaccination and Cot Deaths in perspective", Archives of Disease in Childhood, 1987.*

Hepatitis B Vaccine, Helping or Hurting Public Health? - 1999

"My daughter Lyla Rose Belkin died on 16 September 1998, at the age of 5 weeks, about 15 hours after receiving her second hepatitis B vaccine booster shot.

Lyla was a lively, alert 5-week-old baby when I last held her in my arms.

Little did I imagine as she gazed intently into my eyes, with all of the innocence and wonder of a newborn child, that she would die that night.

She was never ill before receiving the hepatitis B shot that afternoon.

At her final feeding, she was extremely agitated, noisy and feisty and then she fell asleep suddenly and stopped breathing.

The autopsy ruled out choking.

The New York medical examiner ruled her death Sudden Infant Death Syndrome (SIDS), but in the notes and in the conversations with our pediatrician on the day of the autopsy - this is in the pediatrician's notes - what the coroner said:

"Brain swollen. Not sure cause yet. Could not see how recombinant Vaccine could cause problem."

SIDS is a diagnosis of exclusion.

It means it is not this, it is not that.

A swollen brain is not SIDS. It turns out in the medical literature a **swollen brain, brain inflammation, is one of the most common signs of an adverse reaction to a Vaccine.**

I set out to do an investigation of this Vaccine and adverse reactions, and these are my conclusions and I urge you to read them.

I have some prepared remarks that are far too lengthy to summarize here.

First of all, let's look at the vaccination policy in this country, this Rube Goldberg flowchart that I have.

This committee has oversight over the CDC, which has oversight over the ACIP, the Advisory Committee on Immunization Practices.

This committee sets immunization policy, and I urge you to really concentrate on this. I think there is a conflict between the public interest and the private interest of drug companies and the interest of the bureaucracy that is violating the public interest.

As an oversight committee, I think this is something that you should look into.

This committee sets mandates which go out to the States and go to the children, and some small percentage of children have adverse events which go into this thing called VAERS, Vaccine Adverse Event Reporting System.

From VAERS they go into an empty drawer, and they pile up and go nowhere and nothing is done.

The CDC and the FDA do studies saying we don't see any problem with anything.

First of all, newborn babies are not at risk of getting this disease.

I quote you the risk groups from the CDC hepatitis B disease fact sheet: **"injection drug users, sexually active heterosexuals, homosexual men, infants from disease endemic areas, low socioeconomic levels, sexual household contacts of infected persons, infants born to infected mothers, healthcare workers, chemodialysis patients."**

Not newborn babies.

Then why do you say are newborn babies infected with hepatitis B?

The Vaccine is the first thing that they get in the first 24 to 48 hours of their lives in the hospital.

In the VAERS reports in 1996, there is more than 1,000 adverse reaction reports, and there are 47 deaths of these reports.

The CDC has been experimenting on babies like guinea pigs, and this committee should suspend that universal at-birth immunization policy." - Michael Belkin, in "Hepatitis B Vaccine: Helping or Hurting Public Health?", Hearing, before the Subcommittee on Criminal Justice Drug Policy and Human Resources of the Government Reform, House of Representatives, 160 Congress, First Session, 18 May 1999.

"The National Vaccine Information Center has received hundreds of reports of injuries and deaths following hepatitis B Vaccination.

There is a clear pattern to hepatitis B Vaccine reaction symptoms, just as there was a clear pattern associated with the DPT Vaccine reactions, but unlike DPT Vaccine where most symptoms usually occur within a few days of Vaccination, hepatitis B Vaccine reaction symptoms can take many days or weeks to develop and include Fevers that come and go, open Skin Lesions and Rashes, Severe Joint Pain and Head Pain, Loss of Vision, Muscle Strength and Memory and Crushing, Debilitating Fatigue which leads to Chronic Disability.

We have had reports of liver cancer developing in small children following hepatitis B vaccinations.

There are families with 2 or 3 members who have become disabled after hepatitis B shots.

Tragically, for newborns and babies under 2 months of age, a hepatitis B Vaccine reaction can end in death.

When parents look to the medical literature for answers, they find few studies looking into hepatitis B Vaccine reaction reports.

None deal with newborns.

Most of the studies look at Vaccine Efficacy, not Vaccine Safety.

A 1994 study by the Institute of Medicine, mandated by Congress under the National Childhood Vaccine Injury

Act, found that there have been no large controlled observational studies or clinical trials investigating clinical reports of arthritis, Guillain-Barre Syndrome, Transverse Myelitis, Optic Neuritis, Multiple Sclerosis, and other Central Demyelinating Disease or Sudden Infant Death Syndrome (SIDS) after hepatitis B Vaccination.

What, then, will be the scientific criteria used to either award or deny children compensation for their hepatitis B Vaccine-associated injuries under the Federal Vaccine Injury Compensation Program?

Serious questions remain about the quantity and quality of the scientific evidence used by Federal health agencies to license this Vaccine for use in children, and in 1991, to recommend that all newborns receive their first dose just 12 hours after they take their first breath." - Thelma Thiel, CEO, Hepatitis Foundation International, in "Hepatitis B Vaccine: Helping or Hurting Public Health?", Hearing, before the Subcommittee on Criminal Justice Drug Policy and Human Resources of the Government Reform, House of Representatives, 160 Congress, First Session, 18 May 1999.

Deaths Immediately Following Vaccination - 2017

"Among the infants, there was a clustering of deaths immediately following Vaccination, with 42 deaths taking place in the first 3 days after Vaccination, and only 8 in the next 3 days.

Among those below one year of age, 54 deaths (93%), occurred in the first 10 days, and 4 (7%), in the next 10 days.

Had the deaths been "coincidental SIDS deaths", this disparity in the number of deaths in the two time periods would not have been observed.

SIDS deaths would have been spread uniformly over the 20-day period.

The fact that the rate of death decreases rapidly with the passage of time following immunisation suggests that the deaths could be related to Vaccination.

Similarly, among children older than 1 year, 5 deaths (83.3%), occurred in the first 10 days and 1 death (17%), occurred in the next 10 days." - Dr Jacob Puliyel, MD, in "Infanrix hexa and Sudden Death: A Review of the periodic safety update reports submitted to the European Medicines Agency", Indian Journal of Medical Ethics, September 2017.

The Increased Risk of Sudden Death After Vaccination - 2021

"There is considerable evidence that a subset of infants has an increased risk of sudden death after receiving Vaccines, Health Authorities eliminated "prophylactic Vaccination" as an official cause of death.

So, medical examiners are compelled to misclassify and conceal Vaccine-related fatalities under alternate cause-of-death classifications.

In this paper, the Vaccine Adverse Event Reporting System (VAERS) database was analyzed to ascertain the onset interval of infant deaths post-Vaccination.

Of 2,605 infant deaths reported to VAERS from 1990 through 2019, 58% clustered within 3 days post-Vaccination and 78.3% occurred within 7 days post-Vaccination, confirming that Infant Deaths tend to occur in temporal proximity to Vaccine administration.

A review of the medical literature substantiates a link between Vaccines and Sudden Unexplained Infant Deaths.

The pathogenic mechanism behind these fatal events have been proposed, including the role of inflammatory cytokines as neuromodulators in the infant medulla preceding an abnormal response to the accumulation of carbon dioxide; fatal disorganization of respiratory control induced by adjuvants that cross the blood-brain barrier; and biochemical or synergistic toxicity due to multiple Vaccines administered concurrently.

This study found that a substantial proportion of infant deaths and SIDS cases occurred in temporal proximity to Vaccine administration.

The excess of deaths during these early post-Vaccination periods was statistically significant.

When Vaccine-related deaths are hidden within the death tables, it is difficult to monitor and prevent these deaths. In addition, parents are denied the ability to ascertain honest vaccine risk-to-benefit ratios and true informed consent to Vaccination is not possible." - in "Vaccines and sudden infant death: An analysis of the VAERS database 1990–2019 and review of the medical literature", Toxicology Reports, 2021.

Covid-19 Vaccine Followed by SIDS - 2023

"I looked in my survey there were 7 cases.

2 the reporter didn't remember.

Leaving 5 cases.

3 of the 5, were within 1 week of a shot (Covid-19 Vaccine).

1 of the cases of SIDS, was immediately after the shot (Covid-19 Vaccine).

So, data is consistent, with the bulk happening right after the shot (Covid-19 Vaccine), 60% in the 1st week after the shot (Covid-19 Vaccine) in this case." - Steve Kirsch, Vaccine Safety Research Foundation, in "Twitter", 22 May 2023

The Guardians of the Public Health

"When will the guardians of the Public Health cease to betray their trust by administering poisonous and unnatural stimuli, by way of curing their patients?

When we find alcohol, calomnel, and opium among the healtlh-restoring agents administered to children, who can wonder at the frightful mortality amongst them revealed to us by statistics?

Surely Dr Reid wrote soberly and truly when he said that:

> ***"More infantile subjects are perhaps daily destroyed by the pestle and mortar, than in the ancient Bethlehem foil victims in one day to the Herodian massacre."***

Nor did Sir Astley Cooper falsely declare that:

> ***"The science of medicine is founded on conjecture and improved by murder."***

- Richard Griffith, Junr., Ch.M., TCD, in "Vigilance is the Price of Liberty", Warragul Guardian and Buln Buln and Narracan Shire Advocate, 12 March 1889.

The So-Called "Biological Weapons" Farce

"Biological and toxin weapons are either microorganisms like Virus, Bacteria or Fungi, *or toxic substances produced by living organisms that are produced and released deliberately to cause disease and death in humans, animals or plants." - in "Biological Weapons", WHO, 22 March 2020.*

Bioterrorism Agents/Diseases

"Category A

The U.S. Public Health System and primary healthcare providers must be prepared to address various biological agents, including pathogens that are rarely seen in the United States. High-priority agents include organisms that pose a risk to national security because they:

can be easily disseminated or transmitted from person to person;

result in high mortality rates and have the potential for major public health impact;

might cause public panic and social disruption; and

require special action for public health preparedness.

Agents/Diseases

Anthrax (Bacillus anthracis)
Botulism (Clostridium botulinum toxin)
Plague (Yersinia pestis)
Smallpox (variola major)
Tularemia (Francisella tularensis)
Viral hemorrhagic fevers, including
Filoviruses (Ebola, Marburg)
Arenaviruses (Lassa, Machupo)

Category B

Second highest priority agents include those that:

are moderately easy to disseminate;
result in moderate morbidity rates and low mortality rates; and
require specific enhancements of CDC's diagnostic capacity and enhanced disease surveillance.

Agents/Diseases

Brucellosis (Brucella species)
Epsilon toxin of Clostridium perfringens
Food safety threats (Salmonella species, Escherichia coli O157:H7, Shigella)
Glanders (Burkholderia mallei)
Melioidosis (Burkholderia pseudomallei)
Psittacosis (Chlamydia psittaci)
Q fever (Coxiella burnetii)
Ricin toxin from Ricinus communis (castor beans)
Staphylococcal enterotoxin B
Typhus fever (Rickettsia prowazekii)
Viral encephalitis (alphaviruses, such as eastern equine encephalitis, Venezuelan equine encephalitis, and western equine encephalitis])
Water safety threats (Vibrio cholerae, Cryptosporidium parvum)

Category C

Third highest priority agents include emerging pathogens that could be engineered for mass dissemination in the future because of:

availability;
ease of production and dissemination; and
potential for high morbidity and mortality rates and major health impact.

Agents

Emerging infectious diseases such as Nipah virus and hantavirus." - in "Emergency Preparedness and Response", CDC, 4 April 2018.

> *"Despite the deadly potential of biological weapons,* ***their actual use remains rare and (mostly) small scale. Over the last several decades, most states have given up their programs."*** *- in "The New Killer Pathogens: Countering the Coming Bioweapons Threat", Carnegie Endowment for International Peace, 17 April 2018.*

"Biological warfare has been an unlikely, but serious, concern for military operations and national security.

The 2018 National Biodefense Strategy (NBS) articulated a collaborative plan to prevent, detect, and respond to biological threats to the USA. **The NBS highlights recent, isolated outbreaks of Systemic Acute Respiratory Syndrome (SARS), Ebola, and Zika viruses as warnings to nation states and justification for enhanced biological threat responses.** The NBS's emphasis on prevention and response drives the requirement to enhance biological weapon deterrence and defense strategies. **The public health crisis that ensued with SARS-associated coronavirus-2 (SARS-CoV-2) has highlighted our nation's bioweapon vulnerabilities on the international stage and has the potential for disastrous effects on national security.**

This article will provide an overview on biological weapons and the concepts of deterrence and defense in the context of bioterrorism. **Then, it will analyze how the national personal protective equipment (PPE) shortage, public resistance to public health measures, the Anti-Vaccination movement,** have increased our vulnerability to bioterror attack by impacting our deterrence and defense measures." - in "The COVID-19 Response Has Uncovered and Increased Our Vulnerability to Biological Warfare", Military Medicine, July-August 2021.

Medical Countermeasures: Vaccinations & NAPS

"Due to the possible use of both chemical and biological weapons, medical countermeasures were taken to protect British troops. These included the provision of Nerve Agent Pre-treatment Sets (NAPS).

NAPS contain pyridostigymine bromide (PB), and are used to block nerve gas agents long enough for them to be broken down by the body.

NAPS were accepted for use in the Armed Forces in 1981.

In addition to the normal Vaccination regime prior to deployment, British troops were also Vaccinated for anthrax and plague.

Due to the high risk of chemical and biological weapons being used during the Gulf War, extensive medical countermeasures were undertaken both prior to deployment and in theatre.

At the time, British Service personnel were routinely given Vaccinations, including yellow fever, tetanus, typhoid, poliomyelitis, cholera and hepatitis B; some personnel also received meningitis and hepatitis A.

To offer troops some protection against biological weapons, they were also inoculated with plague and anthrax. **The anthrax Vaccine was given in combination with the whooping cough (pertussis) Vaccine to boost the immune response. The Ministry of Defence later explained that the boost was required due to the short time available between administering the Vaccine and the expected start of hostilities.** The MoD, in their document entitled "Background to the Use of Medical Countermeasures to Protect British Forces during the Gulf War (Operation GRANBY)" (October 1997) noted:

> ***"The overall policy was that these Vaccines should be administered on the basis of voluntary informed consent. The MoD is aware that many veterans regard this policy as having been breached in practice."***

Many veterans recall being ordered to take medical countermeasures and it is important to see this in a Military context i.e. failure to comply resulting in disciplinary action.

Problems relating to the administration of medical countermeasures have been compounded by the lack of evidence in this area.

In October 2003 Lord Bach explained:

> *"Personal medical records (F Med 4) were generally not taken to the Gulf during the 1990-91 conflict, and were therefore unavailable for the recording of Vaccination details.*
> *However, the names of those who received Vaccinations should have been recorded on temporary nominal rolls compiled in theatre. Whenever possible, details should also have been recorded on form B Med 27, but many personnel who deployed to the Gulf did not carry these documents.*
> *The details recorded on nominal rolls and B Med 27s should have been transcribed onto F Med 4s on return from the Gulf.*
> *In many cases this did not happen,* ***and the Vaccination records of many Gulf veterans are incomplete as a result. Estimates of the precise extent to which Vaccination schedules were complied with in practice, therefore, are not readily available. Similarly, the extent to which Defence Medical Services staff discussed with patients issues such as what other medication individuals were receiving is not readily available."***

The Gulf Veteran Medical Assessment Programme (GVMAP)] show is that symptomatic Gulf veterans tend to experience symptoms associated with the:

1. Musculoskeletal System;
2. Nervous System;
3. Respiratory System;
4. Psychological Symptoms." - in "Gulf War: a legacy of suspicion", The Royal British Legion, May 2007.

What Causes Gulf War Syndrome

"The illness known as Gulf War Syndrome looks likely to have been caused by an illegal Vaccine "Booster" given by the Ministry of Defence to protect soldiers against biological weapons, according to the results of a new series of tests.

Scientists in the United States found that symptoms of the illness, were the same for service personnel who received the Injections whether or not they served in the Gulf.

The common factor for the 275,000 British and US veterans who are ill appears to be a substance called squalene, allegedly used in injections to add to their potency.

Such an action would have been illegal.

Squalene is not licensed for use on either side of the Atlantic because of potential side effects." - in "Illegal vaccine link to Gulf war syndrome", The Guardian, 30 July 2001.

Spasmodic Dysphonia One of the 420 Side Effects of Vaccines

"The Disease is called Spasmodic Dysphonia, the onset of the Disease is often accompanied by trauma, **2 years ago I was preparing a racketeering lawsuit against a bunch of Vaccine Companies that make all 72 of the childhood Vaccines that are given to children, and for the first time I had to go through the manufacturer's insert of every one of those Vaccines.**

When I got to the Flu Vaccine I realized for the first time there's 420 Side Effects, listed of Vaccines Side effects inside of those inserts, and I had never read them all the way through.

When I was doing the Flu Vaccine section, I saw that many of the Flu Vaccines listed as Spasmodic Dysphonia as one of the known side effects. And they have to get an FDA approval to put that side effect on their manufacture.

And certainly the FDA under federal law, has to agree that there's a probability based on the evidence, that that injury is caused by the Vaccine.

This was only 2 years ago, and I've been working on Vaccine issues since 2005, and people would have asked me "do you have any Vaccine Injuries in your family, or among people who are close to you", and I would say no.

For the first time I recognized that there's a possibility that my injury.

The reason it's a possibility is because, at that point in my life I was teaching at Pace University Law School in White Plains, New York, and right next to my Clinic where I taught, it was the school Infirmary, and the Infirmary every year would post a sign saying "Come And Get Your Flu Shot", and every year I went in and got my Flu shot.

In 1996 I got a Flu shot, and I have no idea whether that Flu Shot caused this condition, but it is on now." - Robert Francis Kennedy Jr., Lawyer & US Presidential Candidate, in "Did a Flu Vac. cause the tremor in RFK Jr's voice?", DarkHorse Podcast, 14 July 2023.

The So-Called Vaccine "Experts"; Clowns or Lier's You Decide!

"Peter Jay Hotez American scientist, pediatrician, and advocate in the fields of Global Health, Vaccinology, and neglected tropical disease control.

Serves as founding dean of the National School of Tropical Medicine, Professor of Pediatrics and Molecular Virology & Microbiology at Baylor College of Medicine, where he is also Director of the Texas Children's Hospital Center for Vaccine Development and Texas Children's Hospital Endowed Chair in Tropical Pediatrics, and

University Professor of Biology at Baylor College of Medicine.

Hotez served previously as president of the American Society of Tropical Medicine and Hygiene and is a founding Editor-in-Chief of PLOS Neglected Tropical Diseases.

Is also the co-director of Parasites Without Borders, a global nonprofit organization with a focus on those suffering from parasitic diseases in subtropical environments.

Neglected Tropical Diseases

From 2000 to 2011, Hotez served as Professor and Chair of the Department of Microbiology and Tropical Medicine (renamed in 2005 as the Department of Microbiology, Immunology, and Tropical Medicine) at the George Washington University.

Following the World Health Organization's (WHO) Millennium Development Goals in 2000, Hotez, along with Drs. Alan Fenwick and David Molyneux, led a global effort to rename diseases then being termed simply "other diseases," as "neglected tropical diseases" (NTDs), and promoting the use of therapeutic/preventive chemotherapy through a combination of drugs called the "rapid-impact package."

Hotez has advocated for increased efforts to control NTDs since 2005 through publications and speaking engagements, helping to gain increased awareness resulting in a decrease of prevalence and disease burden in many areas.

During these years, Hotez also led the Sabin Vaccine Institute in Washington, D.C., as well as efforts to establish PLOS Neglected Tropical Diseases, the first online open access medical journal focused exclusively on neglected tropical diseases.

Vaccine Development

In addition to continuing work on vaccines already in clinical trials for hookworm and schistosomiasis, Hotez

currently leads a team of researchers developing vaccines against other diseases including leishmaniasis, Chagas disease, SARS, and MERS, and is also working in development of a Coronavirus vaccine. With Maria Elena Bottazzi, he led the team that designed COVID-19 vaccine Corbevax." - in "Wikipedia", 16 July 2023.

> ***"The current record for developing a Vaccine from start to licensure in the United States is around 3 or 4years."*** *- Dr Peter Hotez, MD, in "MSNBC", April 2020.*

> *"But even the 18 month frame work Dr Fauci, MD, stresses might be hugely optimistic,* ***the fastest development of a Vaccine in history took 4 years, and once that Vaccine is developed or a new Vaccine is developed and proven effective, distribution of the Vaccine could take years."*** *- Lawrence O'Donnell, in "Timeline for Vaccine TRANSCRIPT: 20 April 2020, The Last Word w/ Lawrence O'Donnell, Guests: Michael Osterholm, Peter Hotez, Rob Davidson, Debbie Stabenow, Bina Venkataraman, John Heilemann", MSNBC, 21 April 2020.*

> ***"It's usually at 10 to 25 years at time frame, people forget how long it really takes to develop an effective and safe Vaccine and do all the adequate clinical testing."*** *- Dr Peter Hotez, MD, in CNN, April 2020.*

"It's a 10 year Research & Development program, just like any other Vaccine.

And when people hear that, that's actually builds confidence people feel more comfortable taking it.

But you know one of the problems is the operation Warp Speed has not really had a communications program.

It was left to the Pharma CEO's, and you know how that works, the Pharma CEO's when they're writing their Press Releases, they're not writing them for you or for me, they're writing for their Shareholders, and they tend to kind of spectacularize what their Companies have done, for obvious reasons.

But you know in the process of that, they leave out the inconvenient truths, that **it builds on the 10 year R&D program."** - Dr Peter Hotez, MD, in "Dr. Peter Hotez on his 10-years of work on coronavirus | COVID-19 Update for", American Medical Association, 15 February 2021.

> ***"The timelines of coronavirus fact this Covid-19 Vaccines it really follows the same progression as almost any other Vaccine. The Vaccine development cycle for Covid-19 Vaccines very much goes along with what we've seen before."*** *- Dr Peter Hotez, MD, February 2021.*

"I was diagnosed with untreatable chronic neurological illness Myalgic Encephalomyelitis / Chronic Fatigue Syndrome (ME/CFS) caused by Booster Jab (Covid-19 Vaccine), on top of having suspected respiratory ALS.

This illness made me disabled, unable to work or have a social life, and enjoy life altogether.

Breathing has become more and more difficult and painful for me, and my lung function has been declining.

Thank you for all your friendship and support over the last year.

The Booster Jab (Covid-19 Vaccine) I received over a year ago destroyed my health, body, and life completely.

There is no way to end my suffering other than my decision." - Katarina Pavelek, in "'Once Upon A Time In Hollywood' Actress Dies By Assisted Suicide, Blames COVID-19", The Blast", 5 July 2023.

Fatal Cerebral Haemorrhage After Covid-19 Vaccine

"The patient was a previously healthy woman in her 30's with headaches that developed one week after Vaccination with AstraZeneca's Vaccine ChAdOx1 nCoV-19.

Three days later, her condition deteriorated rapidly, and she presented to the emergency department with slurred speech, uncoordinated movements and reduced consciousness.

The patient died the following day.

The incident was reported to the Norwegian Medicines Agency as a possible adverse effect on the basis of thrombocytopenia and cerebral haemorrhage 10 days after vaccination.

An autopsy, requested by the Norwegian Institute of Public Health, confirmed the cause of death as a Major Intracranial Haemorrhage.

In light of the occurrence of several similar cases, new investigations were subsequently carried out in which fresh small thrombi were found in the transverse sinus, frontal lobe and pulmonary artery.

The case study describes a young woman who had a fatal cerebral event following Vaccination with AstraZeneca's ChAdOx1 nCoV-19 Vaccine against COVID-19.

At that point, no similar incidents or incidents of the same severity had been reported in Norway, and it was not a known adverse effect from the Vaccine.

However, rare cases of thrombocytopenia from COVID-19 vaccines using mRNA technology were reported, and immunologically mediated thrombocytopenia was reported as a complication of COVID-19.

A few days after this incident, **Oslo University Hospital, Rikshospitalet reported multiple cases of severe blood clots and bleeding in patients who had received an identical Vaccine.** These patients also had **low platelet counts, and in these cases a link was found between the events and the Vaccine.**

Since then, the condition has been referred to as **Vaccine-induced immune thrombotic thrombocytopenia (VITT),** which is characterised by low platelet counts, thrombus formation and antibodies to PF4.

An early symptom of this condition may be a headache, as in our patient, or visual disturbances, epileptic seizures, abdominal pain, chest pain, dyspnoea, or swelling or pain in the leg.

Several countries are now reporting similar incidents after Vaccination.

The Vaccine is new, and is an important part of the Vaccine programme in many parts of the world.

Following these incidents, the Norwegian Institute of Public Health issued a warning about potentially serious adverse effects of the vaccine.

The AstraZeneca vaccine is now on hold in Norway.

It seems that vaccination with the AstraZeneca vaccine entails a higher risk of death, particularly for younger people, than the risk of dying of the disease." - in "Fatal Cerebral Haemorrhage after COVID-19 Vaccine", Tidsskr Nor Legeforen, 29 April 2021.

Fatal Intracranial Hemorrhage After Covid-19 Vaccination

"Neurological adverse events have been reported after receiving (COVID-19) Vaccines, associations between COVID-19 Vaccination and aneurysmal subarachnoid hemorrhage (SAH) have rarely been discussed.

We report here the incidence and details of three patients who presented with intracranial aneurysm rupture shortly after receiving messenger ribonucleic acid (mRNA) COVID-19 Vaccines." - in "Intracranial Aneurysm Rupture within three days after receiving mRNA anti-COVID-19 Vaccination: Three case reports", Surg. Neurol. Int., 31 March 2022.

"We report a 56-year-old female patient with underlying essential hypertension who experienced **intracranial hemorrhage after receiving her first dose of tozinameran (Tozinameran, codenamed BNT162b2, commonly known as the Pfizer–BioNTech COVID-19 Vaccine and sold under the brand name Comirnaty, is a COVID-19 vaccine developed by BioNTech in cooperation with Pfizer).**

The patient underwent immediate surgical evacuation of the hematoma, during which a left middle cerebral artery bifurcation aneurysm was macroscopically identified and clipped.

The patient was pronounced deceased on the second postoperative day.

This is the second case of intracranial hemorrhage following tozinameran administration caused by a ruptured middle cerebral artery bifurcation aneurysm.

Upon analyzing the case, there might be a connection between the Vaccine's potential immune-triggering effect on hemodynamic patterns and the rupture of the previously unknown cerebral aneurysm." - "Intracranial Hemorrhage After Pfizer-BioNTech (BNT162b2) mRNA COVID-19 Vaccination: A Case Report", Cureus, 18 April 2023.

Impact of COVID-19 Vaccines on Cerebrovascular Health

"Vaccination hesitancy has emerged as a major hindrance on the global Vaccination campaigns in certain areas due to safety concerns, social factors, and public health policies.

A recent survey conducted in Hong Kong showed a low Vaccine acceptance rate of 37%.

Among which, Cerebrovascular Accidents (CVA) after Vaccination were one of the most frequently reported post-vaccination events.

These reports ranged from **ischemic strokes** in elderly patients with multiple cardiovascular co-morbidities, to **hemorrhage strokes in otherwise "young-and-fit" adults.**

While many of these events were investigated by the

COVID-19 immunization expert committee, an important premise to address the apprehension of CVA **after Vaccination is the provision of evidence-based information of the impact of COVID-19 Vaccines on brain health."** - in "Impact of COVID-19 Vaccines on Cerebrovascular Health", Clinicaltrials.gov, 18 June 2023.

Fatal Aneurysm

"An Aneurysm is a bulging, weakened area in the wall of a blood vessel resulting in an abnormal widening or ballooning greater than 50% of the vessel's normal diameter (width).
An aneurysm may occur in any blood vessel, but is most often seen in an artery rather than a vein." - "Aneurysm", Conditions and Diseases, Johns Hopkins Medicine, 20 September 2020.

June 2023

"- Did you get the Vax?

- I got it, even 4.

I did Blood cleaning twice after all this, I did a Plasmapheresis with taking out heavy matters and all that stuff.

I went to the doctor and I did my blood work again because I checked my blood work all the time and then I showed to the doctor, and we kind of see these particles, and I'm like what is this? And then, this is from this, and I'm like oh my God and then I show it to another of my friends, and there's all kinds of hidden websites that you can't get to but it's like the dark media kind of web.

So he's like "you need to do a Plasmapheresis now". So they poke like a needle into your arm, like a pen, thick but it's unbelievable thick needle and they take all your blood out, put it into a machine and then clean it and bring it back.

So we did this with the heavy metal cleaning and all the stuff, which supposedly clean my blood.

I did a D-Dimer Test, all this, it's like there's determines like the clotting of your blood arteries, and stuff like D-dimer, and like my D-dimer was this, and then after all this it was dead.

Twice, I did it in 6 months period, like one time and then second time, also expensive it's no fun man.

I was so shocked and the doctor was like "you need to do it man if you want to like survive after you took these shots bro".

I don't know if the nurse did something weird, because when she took out the blood, and then it's like there was some like a white thing in there.

And I'm like what is that, and then there may be like maybe cholesterol and I'm like what?

So then I showed this to my friend he shows me all these websites where they do this to people, and so many, they found the reason why people die they have these white blood clots, tons of them in their blood everywhere.

And so they're like this is what you maybe have.

We go to this other doctor and make further testing, and then I make further testing and he's like not white, it was not white any more.

But he then said there's these black particles this is the heavy metal that you have in your blood.

So, ultimately what I think about this right now like after all I'm like that was it and is some kind of a Flu, and that's what it is and people overreacted maybe and whatever it is like people maybe saw opportunities also for making money.

And you know, that there's maybe bigger people over us they can control much more things in different ways, and they did let this happen." - Jo Lindner in "Bradley Martyn's Raw Talk", 6 Jun 2023.

July 2023

"The devastated girlfriend of YouTube bodybuilding star Joesthetics broke down in tears at his memorial service in Thailand after he ***died of an Aneurysm.*** *German influencer Jo Lindner, who tragically died aged 30 on 1 July 2023." - in "Devastated girlfriend of YouTube bodybuilding star Joesthetics breaks down in tears at Thai memorial service days after he died aged 30 of aneurysm having voiced fears of over-training", Mail Online, 10 July 2023.*

Vaccine Induced Immune Thrombotic Thrombocytopaenia

"A Syndrome of Vaccine-Induced Immune Thrombotic Thrombocytopaenia (VITT) has recently been reported following the ChAdOx1-nCoV-19 (Oxford–AstraZeneca) recombinant adenoviral vector vaccine encoding the spike glycoprotein of the Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2).

Previously described patients developed Thrombosis, mainly affecting Cerebral Venous Sinuses, with thrombocytopaenia and antibodies to platelet factor 4 (PF4), but the characteristics of VITT with arterial thrombosis have not previously been described.

Here, we report 3 patients with VITT who presented with Ischaemic Stroke." - in "Ischaemic stroke as a presenting feature of ChAdOx1 nCoV-19 Vaccine-induced immune thrombotic thrombocytopenia", PostScript Letter, BMJ, 25 May 2021.

Deaths in the Covid-19 Vaccine Clinical Trial

Vaccinated Group 21 Deaths versus Placebo Group 17 Deaths

"From Dose 1 through the 13 March 2021 data cut-off date, **there were a total of 38 deaths,**

21 in the COMIRNATY (BioNTech Manufacturing GmbH in partnership with Pfizer, Inc.) group, and

17 in the placebo group.

None of the deaths were considered related to vaccination.

Recommended Action:

The Review Committee recommends approval of this product." - in "Summary Basis for Regulatory Action", FDA Report, 8 November 2021.

Covid-19 Vaccine Associated Death

"We searched for all published autopsy and necropsy reports relating to Covid-19 Vaccination up until 18 May 2023.

We initially identified 678 studies and after screening for our inclusion criteria, included 44 papers that contained 325 autopsy cases, and 1 necropsy case.

Three physicians independently reviewed all Deaths, and determined whether Covid-19 Vaccination was the direct cause or contributed significantly to death.

Findings

The most implicated organ system in Covid-19 Vaccine-Associated Death was:

Cardiovascular System 53%
Hematological System 17%
Respiratory System 8%
Multiple Organ Systems 7%

3 or more organ systems were affected in 21 cases.

The mean time from Vaccination to Death was 14.3 days.

Most Deaths occurred within a week from last Vaccine administration.

A total of 240 deaths 73.9%, were independently adjudicated as directly due to or significantly contributed to by Covid-19 Vaccination.

The consistency seen among cases in this review with known Covid-19 Vaccine Adverse Events, their mechanisms and related excess death, coupled with autopsy confirmation and physician-led death adjudication, suggests there is a high likelihood of a causal link between Covid-19 Vaccines and death in most cases." - in "A Systematic Review of Autopsy Findings in Deaths after COVID-19 Vaccination", SSRN, Preprints with The Lancet, 5 July 2023.

Hematology: Blood System

4,000 Covid Vaccine Claims of Which 334 Associated With Death

"The UK Government has expanded the Vaccine Liability Act 1979 to introduce its own scheme to cover Covid-19 vaccines.

This month, following a Freedom of Information request from Research Professional News, a scheme offering a one-time payment of £120,000 had received around **4,000 Covid-19 Vaccine claims as of 6 March 2023, of which 334 found to be associated with Death."** - in "Oxford researchers map Covid Vaccine Compensation Scheme", ExBulletin, 31 March 2023.

Government To Pay £11.5 Million For Covid-19 Vaccine Damages

"The UK Government is set to pay out over £11.5 Million in Covid-19 Vaccine damages to nearly 100 claimants, according to official data released by the NHS Business Services Authority.

A freedom of information request from Research Professional News revealed that, as of May, 72 people have received a payment from the Government for being Severely Disabled by a Covid-19 Vaccine, or on behalf of someone who **Died from the Vaccine."** - in "UK to pay out over £11.5m in Covid-19 Vaccine Damages", 14 June 2023.

Death 45 Hours After Covid-19 Vaccine Causing Multiple Organ Inflammation & Myopericarditis

"A 14-year-old girl died after developing Multiple Organ Inflammation, and Vaccine-related myopericarditis just 45 hours after accepting the 3rd Dose of Pfizer's Coronavirus Disease 2019 mRNA Vaccine.

Autopsy findings showed:

1. Congestive edema of lungs.
2. T-cell lymphocytic and macrophage infiltration in lungs.
3. Pericardium and myocardium of the left atria and left ventricle.
4. Lymphocyte cellular infiltrates of the liver, kidneys, stomach, and diaphragm.
5. Histopathology found in the bladder and duodenum.

Since there was no preceding infection, allergy, or drug toxicity exposure, the patient was diagnosed with:

1. Post-Vaccination Pneumonia.
2. Myopericarditis.
3. Hepatitis.
4. Nephritis.
5. Gastroenteritis.
6. Cystitis.
7. Myositis.

Death Due to Atrial Myocarditis and Pericarditis

In our case, inflammation of the heart was primarily found in the bilateral atria.

Deaths due to myopericarditis are often caused by heart failure resulting from extensive damage to the myocardium, including the ventricles.

In the past, 3 deaths due to myocarditis in the atria alone have been reported, all of which were considered deaths due to arrhythmias caused by the extension of inflammation into the stimulatory conduction system, resulting in heart failure." - in "A case of fatal Multi-Organ inflammation following COVID-19 Vaccination", Legal Medicine, July 2023.

Pharmaceutical Consumption

> ***"The United States spends almost $1,000 per person per year on Pharmaceuticals."*** *- in "Why do Americans spend so much on pharmaceuticals?", PBS News Hour, 7 February 2014.*

"For many categories of pharmaceutical drugs, the quantities consumed continue to increase, partly driven by growing demand for drugs to treat ageing-related and chronic diseases.

Hypertension is an important public health problem.

It has been estimated that one in three adults worldwide is affected by hypertension, and 13% of mortality is associated with high blood pressure (WHO, 2012).

Hypertension is an important risk factor for cardiovascular and other diseases.

The consumption of antihypertensive medications has nearly doubled on average in OECD countries over the past decade, and it has more than tripled in Estonia and Luxembourg. Consumption is the highest in Germany, Hungary and the Czech Republic.

The use of cholesterol-lowering drugs has more than tripled across OECD countries from fewer than 30 DDDs per 1,000 people per day in 2000 to over 90 DDDs in 2011.

Both the epidemiological context – for instance, growing obesity – and increased screening and treatment explain the very rapid growth in the consumption of cholesterol-lowering medications.

Australia, the United Kingdom and the Slovak Republic had the highest consumption per capita in 2011, with levels that were over 40% higher than the OECD average.

The use of antidiabetic medications has almost doubled on average across OECD countries between 2000 and 2011.

This growth can be explained by a rising prevalence of diabetes, largely linked to increases in the prevalence of obesity, a major risk factor for the development of Type-2 diabetes.

In 2011, the consumption of antidiabetics was highest in Finland, Germany and the United Kingdom, and lowest in Chile and Iceland.

The consumption of antidepressants has also increased significantly in most OECD countries since 2000.

Iceland reported the highest level of consumption of antidepressants in 2011, followed by Australia, Canada, Denmark and Sweden.

In 2008, almost 30% of women aged 65 and over had an antidepressant prescription in Iceland.

In England, the increase in antidepressant consumption has been associated with a longer duration of drug treatment (Moore et al., 2009).

In addition, rising consumption levels can also be explained by the extension of the set of indications of some antidepressants to milder forms of depression, generalised anxiety disorders or social phobia (Hollingworth et al., 2010; Mercier et al., 2011).

In Spain, the consumption of antidepressants per capita has increased by 23% between 2007 and 2011, although this increase was slightly lower than in the preceding four-year period (28% between 2003 and 2007).

In Portugal, antidepressant consumption went up by 20% between 2007 and 2011.

The consumption of antidepressants rose even more quickly in countries such as Germany (a rise of 46% between 2007 and 2011).” - in “Pharmaceutical Consumption”, Health at a Glance, OECD Indicators 2013.

“Pharmaceutical consumption has been increasing for decades, driven by a growing need for drugs to treat age-related and chronic diseases, and by changes in clinical practice.

This section examines consumption of four categories of medicines used in select chronic conditions: anti-hypertensives, lipid-modifying agents (such as cholesterol-lowering medicines), anti-diabetic agents and anti-depressants.

These medicines address illnesses for which the prevalence has increased markedly across OECD countries in recent decades.

Consumption of anti-hypertensive drugs in OECD countries increased by 65% on average between 2000 and 2019, nearly quadrupling in Costa Rica and Estonia.

It remained highest in Germany and Hungary, which reported consumption levels almost 5 times those seen in Korea.

Even greater growth was seen in the use of lipid-modifying agents, with consumption in OECD countries increasing by a factor of nearly 4 between 2000 and 2019.

The United Kingdom, Denmark, Norway and Belgium reported the highest levels of consumption per capita in 2019, with about a 6-fold variation in consumption levels across OECD countries.

The use of anti-diabetic medications also grew dramatically, doubling over the same period.

This growth can be explained in part by the rising prevalence of diabetes, which is largely linked to the increasing prevalence of obesity, a major risk factor for development of type 2 diabetes.

In 2019, consumption of anti-diabetic drugs was highest in Finland, with a 2-fold variation.

Consumption of anti-depressant medicines more than doubled in OECD countries between 2000 and 2019.

Preliminary analysis of 2020 data from a subset of OECD countries showed that pharmaceutical consumption in the above categories had either remained stable or even increased relative to 2019.

Another possible reason may be the increased use of online health care services, including online or phone prescriptions.

In mid-2020, for example, around 47% of adults in 22 OECD EU countries had received a prescription online or by phone since the beginning of the pandemic, a proportion that increased by 12% in early 2021, according to the Eurofound survey (Eurofound, 2021).

Countries with greater growth in online and phone prescriptions between mid-2020 and early-2021, such as Greece and Portugal, also reported increases in pharmaceutical consumption from 2019 to 2020." - in "Health at a Glance 2021 : OECD Indicators", OECD Health Statistics 2021, Organisation for Economic Cooperation and Development (OECD), 2021.

Pharmaceutical Spending

"Since 2014 Switzerland Total Pharmaceutical Spending grew 4.7% year on year attaining $900.43 Per Capita.

In 2019, Total Pharmaceutical Spending in the US jumped by 2.5% from a year earlier.

In 2019 Germany was number 2 in Total Pharmaceutical Spending." - in "Total Pharmaceutical Spending", Nation Master, 31 July 2023.

Pharmaceutical Markets Estimated to Expand Highest Volume Growth is Expected

"The COVID-19 pandemic continues to impact pharmaceutical markets globally, and is estimated to expand the net cumulative pharmaceutical market by $500 Billion from 2020 through 2027.

Highest volume growth is expected in Latin America, Asia and Africa, driven by a mix of population growth and expanded access.

North America and Europe will see very low growth.

Demand for innovative drugs will drive oncology spending to approximately $370 Billion by 2027, almost double the current level.

Biotech will represent 35% of spending globally in 2027 and will include both breakthrough cell and gene therapies, as well as a maturing biosimilar segment." - in "The Global Use of Medicines 2023, Outlook to 2027", IQVIA, 18 January 2023.

List of Countries by Pharmaceutical Exports

"Global sales from exported drugs and medicines by country total US$371.3 Billion in 2018.

Overall the value of drugs and medicine exports grew by an average 5.80% for all exporting countries since 2014 when drugs and medicines shipments were valued at $344.1 Billion.

Year over year, there was a 7.9% uptick from 2017 to 2018.

Among continents, European countries sold the highest dollar value worth of exported drugs and medicines during 2018 with shipments from Europe totalling $295.8 Billion or 79.70% of the global total.

In second place were Asian pharmaceutical exporters at 10.70% while 8.10% of worldwide drugs and medicine shipments originated from North America.

Smaller percentages came from drugs and medicines suppliers in Latin America (0.7%) excluding Mexico but including the Caribbean, Oceania (0.5%) led by Australia and New Zealand, then Africa (0.2%).

The 15 countries that exported the highest dollar value worth of drugs and medicines during 2021.

Germany: US$64.7 Billion (15.2% of total drugs and medicines exports)
Switzerland: $50.3 Billion (11.8%)
Belgium: $33.3 Billion (7.8%)
United States of America: $30.5 Billion (7.1%)
France: $27.4 Billion (6.4%)
Italy: $26.1 Billion (6.1%)
Ireland: $22.7 Billion (5.3%)
Netherlands: $19.7 Billion (4.6%)
United Kingdom: $19.2 Billion (4.5%)
India: $17.5 Billion (4.1%)
Denmark: $16 Billion (3.8%)
Spain: $11.4 Billion (2.7%)

Canada: $8.6 Billion (2%)
Slovenia: $8.5 Billion (2%)
Sweden: $8.1 Billion (1.9%)

By value, the listed 15 countries shipped 85.3% of all exported drugs and medicine for 2021.

Among the above countries, the fastest-growing exporters of drugs and medicines from 2019 to 2020 were:

Slovenia (up 42.2%), Ireland (up 28.8%), India (up 13.5%) and Italy (up 11.2%).” - in “Wikipedia”, 31 July 2023.

I Started With $300 Million Dollars, My Budget Now Is $5 Billion Dollars

“I started off with a budget of about $300 Million Dollars, my budget is now close to $5 Billion Dollars.

But you know the relationship with George H.W. Bush was really an interesting relationship, because he wanted very much for me to be the director of NIH.

I didn't want to do that, because I didn't want to get out of the AIDS Business.” - Dr Anthony Fauci, MD in “Academy Class of 2003”, Academy of Achievement Interview, 22 August 2017.

Now It's Vaccinate Everybody

“We used to only Vaccinate people who were at high risk. Now it's Vaccinate everybody.” *- Dr Anthony Fauci, MD in “60 Minutes Australia”, 2018.*

“I always joke with my co-institute directors, that probably sooner or later every disease is going to turn out to be related to an infectious disease. Just kidding, I just want more money.” - “Pandemic Preparedness Challenges and Opportunities”, Outbreak Week at Harvard University, 28 September 2018.

$14,050 USD For A Single Covid-19 Vaccine

"New York City Health Officials regularly overpaid Executive Medical Services to administer COVID-19 Tests and Vaccines, paying as much as USD $14,050 for a single COVID-19 Vaccination, an audit shows.

The agency originally agreed to pay Executive Medical Services up to USD $500,000.

After 6 amendments to the contract, stretching it through the end of 2022, **the agency paid the contractor some USD $390 Million."** - in "NYC Paid Up to $14,050 Per COVID-19 Vaccination Administered: Audit", The Epoch Times, 5 July 2023.

FDA: Licensed Vaccines Do Not Need to Prevent Infections or Transmission

"Recently, during the Food and Drug Administration (FDA) contemplated changes to the COVID-19 Vaccine status, they elicited a commenting period.

The Coalition Advocating for Adequately Labeled Medicines (CAALM), filed a petition requesting that the agency update the COVID-19 Vaccine product labelling, for both Pfizer and Moderna products, to reflect their actual safety and efficacy more accurately.

The entry was titled:

> *"Requests that the FDA require that the sponsors of Comirnaty, Spikevax, Pfizer-BioNTech COVID-19 Vaccine and Moderna COVID-19 Vaccines (collectively, 'Pfizer and Moderna COVID-19 Vaccines') amend current product labeling."*

The principals behind CAALM are experts, and offer the FDA valid points in their comments.

The FDA flatly rejects the organizations requests, declaring that **"A Licensed Vaccine, doesn't need to demonstrate that they prevent infection, or transmission, nor does a Vaccine authorized under provisional emergency use authorization need to demonstrate infection prevention, or transmission."** - in "FDA: Licensed Vaccines Do Not Need to Prevent Infections or Transmission", TrialSite, 26 April 2023.

Chapter 2

Bill Gates Partnership With The Chinese Communist Party

*"**We are proud and excited** to announce that we have reached the milestone of helping **to Vaccinate over ONE BILLION Children around the world since Gavi was established in 2000"** - in "Gavi, the Vaccine Alliance", Twitter, 13 June 2023.*

Excited to Visit Partners Who Have Been Working on Global Health

"I've just landed in Beijing, China for the first time since 2019, where I'm excited to visit with partners who have been working on Global Health and development challenges, with the Gates Foundation for more than 15 years." *- in "Bill Gates", Twitter, 14 June 2023.*

"I am very honoured, to have this chance to meet, and we've always had quick conversations, and we'll have a lot of important topics to discuss today. I was very disappointed I couldn't come during these last 4 years, and so it's very exciting to be back." *- Bill Gates, in* ***Chinese "President Xi praises Bill Gates as an 'Old Friend'",*** *NBC News, 16 June 2023.*

How Their Good Fortune Can Have a Positive Impact On China And The World - 2010

"Bill Gates and Warren Buffett met in Beijing Wednesday with 50 businessmen and philanthropists in China to share their own experiences with and enthusiasm for philanthropy.

At Buffett and Gates's request, the guest list was not made public.

The meeting, co-organized by the Bill and Melinda Gates Foundation and the Sun Culture Foundation , was presided over by Sun Culture Foundation Chairwoman Yang Lan.

> ***"Our hopes for this meeting were to learn about giving in China, and share our own views."*** *- Warren Buffett, chairman of Berkshire Hathaway.*

> ***"People are doing some very good thinking about how their good fortune can have a positive impact on China and the world."*** *- Bill Gates, co-chair of the Bill and Melinda Gates Foundation and chairman of Microsoft Corporation.*

Gates and Buffett also accepted an invitation of a Chinese charity, the China Social Welfare Education Foundation (CSWEF), to become its advisors." - in "Gates, Buffett dine with China's rich for charity", China.org.cn, The authorized government portal site to China, published under the auspices of the State Council Information Office, and China International Publishing Group, Beijing, 30 September 2010.

Sun Culture Foundation

"Yang Lan is a leading broadcast journalist and media entrepreneur.

Co-founder and Chairperson of Sun Media Group and Sun Culture Foundation.

Sun Media Group is one of the leading private media companies in China with businesses ranging from TV production, integrated communications, events, and more.

Sun Culture Foundation is a non-profit organization aiming to improve education and promote philanthropy.

She became a rising star by hosting **CCTV's** "Zhengda Variety Show", which earned her the "Golden Microphone Award" in 1994.

She was chosen to represent China as the ambassador for Beijing's bid for the 2008 Olympic Games, and was named as Goodwill Ambassador for 2010 Shanghai Expo.

Yang has moderated many events including the opening and closing ceremony of Beijing Olympic Games and Paralympic Games, the opening ceremony of Shanghai Expo, Special Olympics Global Development Summit, APEC Women and the Economy Summit, **World Economic Forum (WEF)**, Fortune Forum, and China Charity Forum.

She's ranked #100 World's Most Powerful Women in Forbes." - in "Yang Lan, Chairperson, Sun Media Group and Sun Culture Foundation", World Bank, 8 October 2014.

> ***"Gates and Buffett are known for their success in persuading U.S. billionaires to commit to the Giving Pledge initiative, which encourages the wealthiest businessmen to pledge at least half of their wealth to charity.***
>
> ***"Bill and I will not be calling anybody. What happens in China will depend on what the Chinese people feel about a project of this sort."*** *Buffett explained as quoted by CNN." - in "Gates, Buffett 'Amazed' by China's Interest in Philanthropy", Devex, 30 September 2010.*

Bill Gates & Chinese Communist Party To Build Nuclear Reactor - 2011

"Bill Gates confirmed on Wednesday he is in discussions with China to jointly develop a new kind of nuclear reactor.

> *"TerraPower is having very good discussions with China National Nuclear Corporation (CNNC)* ***and various people in the Chinese Government."*** *- Bill Gates*

Gates has largely funded a Washington state-based company, TerraPower, that is **developing a Generation IV nuclear reactor."** - in "Bill Gates and China in discussions over new nuclear reactor", The Guardian, 7 December 2011.

Why is Bill Gates Selling Nuclear Tech to China?

"TerraPower, a nuclear-power start-up backed by Bill Gates, and a handful of Silicon Valley venture capitalists, has been in negotiations to sell its breakthrough travelling wave reactor technology to China's National Nuclear Corporation.

The negotiations between Gates and China should be a wake-up call for the United States government for both obvious and not-so-obvious reasons.

It's no secret that Bill Gates plays to win.

When Gates went looking for partners, he landed in Beijing, not Seattle." - in "Why is Bill Gates selling nuclear tech to China?", Washington Post, 15 December 2011.

> *"The visit of Chinese President Xi Jinping to Seattle on his way to the east coast, was little heralded in the nation at large." - in "Bill Gates Making Progress On Next Generation Of Nuclear Power - In China", Forbes, 2 October 2015.*

Global Health Drug Discovery Institute, China - 2016

"The Bill & Melinda Gates Foundation and the Beijing City Government agreed to donate $50 Million each to fight infectious diseases such as malaria.

The money will go to the Global Health Drug Discovery Institute, according to a statement from the Gates Foundation.

The institute established in 2016 by the Gates Foundation, [and by] the Beijing municipal government and Tsinghua University." - in "Xi to Meet Bill Gates During First China Visit Since 2019", Bloomberg, 16 June 2023.

Establish International Research Networks and Develop Policy Recommendations - 2018

"Committed grants: Wuhan University.

Purpose: **To Establish International Research Networks and data sharing platforms as well as develop Policy Recommendations for improving the Medical Insurance System in China.**

Committed Amount: USD$ 499,944

Grant Topic: Global Health and Development Public Awareness and Analysis." - in "Bill & Melinda Gates Foundation", November 2018.

The Chinese Communist Party Business Plan - 2019

29 June 2019

To Promote the Development of the Vaccine Industry

"Chapter I, General Provisions

Article 1

This Law is enacted to enhance the vaccine administration, to ensure the supply of vaccines, to standardize the immunization, to promote the development of the Vaccine Industry.

Article 4

The State formulates development planning and industry policies for the vaccine industry to support development and structural optimization of the vaccine industry, and encourages scale and intensive production and constant improvement on the production process and quality of vaccines.

All Citizens Shall Be Obliged To Be Immunized With National Immunization Program Vaccines

Article 6

The State implements immunization program system.

All citizens who reside in the territory of the People's Republic of China shall be entitled and **Obliged to be immunized with national immunization program vaccines according to law.**

People's governments and relevant departments at or above the county level shall ensure that children at proper age are immunized with immunization program vaccines.

The guardians shall ensure that children at proper age are immunized with the immunization program vaccines on schedule according to law.

Electronic Traceability System for Vaccines

Article 10

The State implements the whole process Electronic Traceability System for Vaccines." - in "Vaccine Administration Law of the People's Republic of China", Adopted at the 11th Meeting of the Standing Committee of the Thirteenth National People's Congress, 29 June 2019.

"The Vaccine Administration Law of the People's Republic of China, adopted at the 11th Meeting of the Standing Committee of the Thirteenth National People's Congress on 29 June 2019, is hereby promulgated and shall go into effect as of 1 December 2019." - Xi Jinping President of the People's Republic of China, Order of the President of the People's Republic of China No. 30, 29 June 2019.

1 December 2019

China New Law on Vaccines Goes Into Effect

"China: Tougher law on vaccine administration will go into effect in December 2019". - in "Business & Human Rights Resource Centre", 8 July 2019.

21 December 2019

First Case of "Covid-19"

"Several local health facilities reported clusters of patients with pneumonia of unknown cause that were epidemiologically linked to a seafood and wet animal wholesale market in Wuhan, Hubei Province, China.

Viral Diagnostic Methods:

4 lower respiratory tract samples, including bronchoalveolar-lavage fluid, were collected from patients with Pneumonia of unknown cause who were identified in Wuhan on 21 December 2019, or later and who had been present at the Huanan Seafood Market close to the time of their clinical presentation.

7 bronchoalveolar-lavage fluid specimens were collected from patients in Beijing hospitals with Pneumonia of known cause to serve as control samples.

Extraction of nucleic acids from clinical samples (including uninfected cultures that served as negative controls) was performed with a High Pure Viral Nucleic Acid Kit, as described by the manufacturer (Roche).

Extracted nucleic acid samples were tested for viruses and bacteria by polymerase chain reaction **(PCR),** using the RespiFinderSmart22kit (PathoFinder BV) and the LightCycler 480 real-time PCR system, in accordance with manufacturer instructions." - in "A Novel Coronavirus from Patients with Pneumonia in China, 2019", New England Journal of Medicine, 20 February 2020.

31 December 2019

Chinese CDC Dispatches Team to Wuhan

"On 31 December 2019, the Chinese Center for Disease Control and Prevention (China CDC) dispatched a rapid response team to accompany Hubei provincial and Wuhan city health authorities and to conduct an epidemiologic and etiologic investigation." - in "A Novel Coronavirus from Patients with Pneumonia in China, 2019", New England Journal of Medicine, 20 February 2020.

15 June 2023

The Hong Kong Pro-Democracy Movement
The Communism "Virus Farce"
Mission Accomplished

"Versions of Glory to Hong Kong, the unofficial anthem of the city's Pro-Democracy Movement in 2019, have disappeared from several streaming platforms, amid a government bid to ban online distribution of the song.

The song became widely popular **during the 2019 Pro-Democracy Protests, and was repeatedly mistaken as Hong Kong's official anthem during international sporting events, angering authorities.**

This move tells us that the Hong Kong government is relentlessly weaponising the laws and courts to create a chilling effect in society." - in **"Protest anthem Glory to Hong Kong starts to vanish from online sites as government seeks ban"**, The Guardian, 15 June 2023.

Gates $50 Million to Help China Fight Disease - 2023

"Gates' Foundation announced that it would renew a collaboration with Beijing-based Global Health Drug Discovery Institute, which he had set up along with the Beijing municipal government and Tsinghua University." - in "Xi Jinping hails 'old friend' Bill Gates after $50 Million pledge to help China fight disease", The Telegraph, 16 June 2023.

Does the Chinese Communist Party, need a miserable $50 Million from Bill Gates?

Farmer Suicides 250,000 In The Last 16 Years

"Kenya may soon allow the use of genetically-modified cotton and maize seeds **following pressure from agribusiness giant Monsanto, USAID, and the Bill and Melinda Gates Foundation.**

In 2008, African Agricultural Technology Foundation received US $47 Million from the Gates Foundation, which has been criticized by global activists for pushing a "big agribusiness" approach to African farming.

Monsanto also has been accused of contributing to the suicides of hundreds of thousands of Indian farmers who end up in debt." - in "Monsanto, US, & Gates Foundation pressure Kenya to reverse GMO ban", RT, 5 January 2016.

> ***"In India, there have been 250,000 recorded farmer suicides in the last 16 years. That is 1 suicide every 30 minutes."*** *- Brij Bhushan Singh, in "Either Mankind Will Stop Monsanto, or Monsanto Will Stop Mankind", 5 March 2016.*

Genetic Modified Organisms and Digital Dictatorship

"Vandana Shiva in the book "One Earth One Humanity Vs. the 1%", tells us more about her opposition to big multinationals such as Monsanto, for their nefarious influence on agriculture, and singles out Billionaires like Bill Gates and Mark Zuckerberg for criticism."

> ***"Bill Gates mission is to impose Genetic Modified Organisms (GMO), and Digital Dictatorship to small farmers across the world. When, Bill Gates pours money into Africa, for "feeding the poor and preventing famine", he's pushing the failed Green Revolution, he's pushing Chemicals, pushing GMOs, pushing Patents. Bill Gates is trying very hard to shift the patenting issue now, to digital."*** *- Vandana Shiva.*

- in "Bill Gates is continuing the work of Monsanto", Vandana Shiva tells France 24, 23 October 2019.

Bill & Melinda Gates Foundation Funded Health Campaigns & Resulting Violations

"In recent years, the number of non-governmental organizations (NGOs) working in the international arena has vastly increased.

But, as this influence has deepened, governments in the developing world and scholars have scrutinized the work and accountability of NGOs given they are mostly independent and not subjected to international law.

While NGOs must adhere to the domestic laws of the places within which they work, adherence is dependent upon the strength of enforcement of those laws.

A review of healthcare programs funded by the Bill & Melinda Gates Foundation (Gates Foundation) calls into question current accountability measures of NGOs in the healthcare sector, and can shine a light on weaknesses in the current accountability regime for NGOs.

The Gates Foundation focuses on World Health and Population.

Since the early 2000s, the Global Alliance for Vaccines and Immunizations (Gavi), Global Health Innovative Technology Fund (GHIT Fund), and Program for Appropriate Technology in Health (PATH), all heavily funded by the Gates Foundation, have been distributing Vaccines and drugs to vulnerable populations in Africa and India.

In 2010, the Gates Foundation funded experimental malaria and meningitis Vaccine trials across Africa and HPV Vaccine programs in India.

All of these programs resulted in numerous deaths and injuries, with accounts of forced Vaccinations and uninformed consent.

Ultimately, these health campaigns, under the guise of saving lives, have relocated large scale clinical trials of untested or unapproved drugs to developing markets where administering drugs is less regulated.

"Who watches the watchmen?": a variant English translation of the Latin phrase "Quis custodiet ipsos custodies?" commonly used today to question how effectively those in positions of power are held accountable for their actions.

It is a fitting question for international non-governmental organizations (NGOs) today, considering their global role, expansive missions and unmonitored activities.

The influence and reach of international NGOs and philanthropic organizations is quickly expanding.

The grant-making powers and personal networking is unmatchable and they are increasingly shaping the agenda of international organizations and governments.

While NGOs have played a role in public healthcare for centuries, in recent decades, the scale of their work in

healthcare projects has grown, especially in Vaccine, immunization and drug development and delivery.

The increasing activities of NGOs in Vaccine, Contraceptive and Drug distributions in developing countries since the early 2000's.

The Gates Foundation is the largest philanthropic organization in the world, and is leading Vaccine and immunization research and development.

Since 1999, the foundation has invested $32.9 Billion of its $43.5 Billion endowment on health programs.

Others have questioned the Foundation's power to shift the agenda.

Recent reports of human rights abuses resulting from Gates Foundation funded Vaccine trials in Africa and India have raised questions about their activities and agenda. Critics have shared concerns on the Gates Foundation and potential policies on population control.

I. Gates Foundation Funded Health Campaigns & Resulting Violations

The Gates Foundation is currently the second largest donor to the World Health Organization, with the U.S. as the largest donor.

It is also one of the largest single investors in biotechnology for farming and pharmaceuticals in the world.

It is heavily invested in large pharmaceutical companies.

This level of investment and funding affords the Gates Foundation a high amount of influence over the Global Agenda.

The Gates Foundation concentrates on issues related to

"Vaccines, drugs, diagnostics, maternal and child health, and control of disease-transmitting mosquitoes."

> ***"We seek better ways to evaluate and refine potential interventions — such as Vaccine candidates — before they enter costly and time-consuming late-stage clinical trials."*** *- in "Discovery and Translational Sciences Strategy Overview", BMGF, 2017.*

In the early 2000s, these organizations, began to conduct large-scale clinical drug trials in South Asia and Africa.

The most prominent partnerships:

- Global Alliance for Vaccines and Immunizations (Gavi),
- Program for Appropriate Technology in Health (PATH),
- World Health Organization (WHO).

a. Global Alliance for Vaccines and Immunizations (Gavi)

The Gates Foundation holds their partnership with Gavi to be "one of [its] most important collaborations".

Gavi, the Vaccine Alliance is comprised of 4 key members:

The Gates Foundation (founder),
World Health Organization (WHO) (founder),
UNICEF, and the
World Bank Group.

The Gates Foundation retains a permanent seat on the Gavi Board of Directors.

Overall, each strategic partnership enables the Gates Foundation to contribute to every aspect of the drug delivery process, from the development stage to the delivery stage, and affords it access to implement projects on a global scale without obstruction.

1. Human Papilloma Virus (HPV) Vaccine Project in India

c. Compensation & conflicts of interest

The trial did not provide for urgent expert medical attention in case of serious adverse events, which were anticipated to occur.

There were no measures in place to compensate or provide medical treatment for the child in the event of injury or death.

2. Trials Across Africa

Africa has experienced a large increase in medical research using human participants.

The continent is home to some of the most vulnerable groups and individuals in the world, suffering from poverty, lack of education, environmental issues, and other problems.

As such, it is crucial to ensure the protection and safety of these groups when foreign entities engage with them.

This is especially true for clinical drug trials, where the trial is invasive and dangerous for the participant and potentially profitable for the administrator.

> ***"Thousands of sick South Africans are used as guinea pigs in a flourishing multibillion-rand industry but some of the trials contravene South African laws and the international drugs-trial protocol."*** *- in "We Are Guinea Pigs for the Drug Makers", Times, 25 July 2013.*

Two large scale clinical trials, funded by the Gates Foundation, took place across Africa, the 2010 phase III trial of malaria Vaccine and the MenAfriVac Project.

The phase III Malaria Vaccine trial was part of a larger project by PATH, the PATH Malaria Vaccine Initiative, which administered multiple malaria Vaccines around the world.

The phase III Malaria trial took place in multiple testing

sites across Kenya, Ghana, Tanzania, Gabon, Malawi, Mozambique and Burkina Faso.

This trial utilized malaria vaccine version RTS,S, which was manufactured by GlaxoSmithKline.

The vaccines were administered to 20,000 across the sub-Saharan African countries and included children between ages 6 to 12 weeks and children between 5 to 17 months old.

The trials resulted in 151 Deaths and caused Serious Adverse Effects, including Paralysis, and Seizure in 1,048 of 5,949 children aged 5-17 months.

However, Medical Researchers concluded that: "these were normal risks expected from the Vaccinations."

The MenAfriVac project was administered through a larger collaboration by PATH and WHO called the Meningitis Vaccine Project. This project is funded by the Gates Foundation.

> ***"Power tends to corrupt and absolute power corrupts absolutely. Still more when you superadd the tendency of the certainty of corruption by authority. Despotic power is always accompanied by corruption of morality. Authority that does not exist for Liberty is not authority but force."*** - *Lord Acton*

The Bill & Melinda Gates Foundation touches 2 key aspects of human life: medicine and food.

The Gates Foundation not only is connected every aspect of vaccine development and delivery in the health sector, but is increasing their efforts in agricultural development across Africa and Asia." - in "Accountability of International NGOs: Human Rights Violations in Healthcare Provision in Developing Countries and the Effectiveness of Current Measures", Annual Survey of International & Comparative Law, 2017.

Japan Government Business Plan

Global Health Innovative Technology Fund – Japan 2013

"The Global Health Innovative Technology Fund (GHIT Fund), headquartered in Japan, is an international public-private partnership between **the Government of Japan, Ministry of Foreign Affairs and Ministry of Health, Labour and Welfare, 16 Pharmaceutical & Diagnostics Companies:**

Astellas, Chugai, Eisai, Daiichi Sankyo, Fujifilm, **GlaxoSmithKline**, Johnson & Johnson, Kyowa Hakko Kirin, Merck Group, Mitsubishi Tanabe, Nipro, Otsuka, Shionogi, Sumitomo Dainippon, Sysmex and Takeda, the **Bill & Melinda Gates Foundation, the Wellcome Trust, and United Nations (UN) Development Programme.**

It funds scientific research and development for anti-infectives and diagnostics for diseases that primarily affect the developing world.

> ***"GHIT draws on the immense innovation capacity of Japan's pharmaceutical companies, universities and research institutions to accelerate the creation of new Vaccines, drugs and diagnostic tools for global health."*** *- Bill Gates.*

The GHIT Fund is the first Public-Private Partnership Fund to Involve a National Government, a UN Agency, a Consortium of Pharmaceutical, and Diagnostics Companies, and international Philanthropic Foundations.

By 2022 (the end of the Fund's second 5-year phase), GHIT aims to bring 2 of its projects to a stage where a request for regulatory approval is filed.

One of the products in the pipeline and among the closest to hitting the market is a pediatric formulation of praziquantel.

Conceptualization & Establishment

The idea of a Japanese nonprofit focused on **Global Health** R&D was conceived during a conversation between Tachi Yamada and former executive at Eisai Co. Ltd., BT Slingsby – the fund's first CEO and founder of GHIT.

A launch committee was set up in 2012 among the Government of Japan's Ministry of Foreign Affairs and Ministry of Health, Labour and Welfare, Astellas, Daiichi Sankyo, Eisai, Shionogi, Takeda, the **Bill & Melinda Gates Foundation.**

Funding

In 2013, the original partners to the Fund initially committed over USD $ 100 Million over 5 years.

Half came from the 2 Japanese Ministries, and the other half came from **Japanese Pharma Companies**: Astellas, Eisai, Daiichi Sankyo, Shionogi, and Takeda **together with the Bill & Melinda Gates Foundation.**

By 2015, funding for GHIT increased to USD $ 140 Million **with the addition of new partners and sponsors.**

New partners Chugai, Sysmex, and the **Wellcome Trust** had joined.

The **Wellcome Trust** alone brought in an additional approximately USD $4.6 Million through January 2017." - in "Wikipedia", 23 June 2023.

Pandemic and All-Hazards Preparedness and Advancing Innovation Act – June 2019

"The Pandemic and All-Hazards Preparedness and Advancing Innovation Act (PAHPAI) is legislation introduced and passed by the U.S. Congress in 2019 that aims to improve the nation's preparation and response to public health threats, including both natural threats and deliberate man-made threats.

A previous bill, the Pandemic and All-Hazards Preparedness Act (PAHPA), was signed into law in 2006 and reauthorized in 2013 in order to create a system that prepares for, and responds to, Public Health Threats that could turn into Emergencies.

The 2019 bill (PAHPAI) was introduced by U.S. Senators Richard Burr (R-NC), Bob Casey (D-PA), Lamar Alexander (R-TN), and Patty Murray (D-WA).

Congress passed the bill and sent it to President Trump for his signature in June 2019. (The bill number is S. 1379)." - in "Wikipedia", 28 July 2023.

Chapter 3

The Farce of Covid-19 Symptoms

"Flu Symptoms:

1. Fever or feeling feverish/chills
2. Cough
3. Sore throat
4. Runny or stuffy nose
5. Muscle or body aches
6. Headaches
7. Fatigue (tiredness)
8. Vomiting
9. Diarrhea." - in "Key Facts About Influenza (Flu)", CDC, 24 October 2022.

"Symptoms of COVID-19:

1. Fever or chills
2. Cough
3. Sore throat
4. Congestion or runny nose
5. Muscle or body aches
6. Headache
7. Fatigue
8. Nausea or vomiting
9. Diarrhea
10. Shortness of breath or difficulty breathing
11. New Loss of Taste or Smell." - in "Symptoms of COVID-19", CDC, 26 October 2022.

Official Agencies & Federally-Funded Institutions

"The Essentials on **Smell and Taste Disorders**: Guidelines. Official agencies, as well as federally-funded institutions supported by national grants, **frequently publish a variety of guidelines on Smell and Taste Disorders.** These are typically called "Fact Sheets" or "Guidelines." They can take the form of a brochure, information kit, pamphlet, or flyer.

The National Institutes of Health (NIH)

The National Institutes of Health (NIH) is the first place to search for relatively current patient guidelines and fact sheets on Smell and Taste Disorders. Originally founded in 1887, the NIH is one of the world's foremost medical research centers and the federal focal point for medical research in the United States. The NIH supports some 35,000 research grants at Universities, Medical Schools, and other Research and Training Institutions, Nationally and Internationally. The rosters of those who have conducted research or who have received NIH support over the years include the world's most **illustrious scientists and physicians. Among them are 97 scientists who have won the Nobel Prize for achievement in Medicine.** There is no guarantee that any one Institute will have a guideline on a specific disease, though the National Institutes of Health collectively publish over 600 guidelines for both common and **rare diseases.**

What Are Smell and Taste Problems?

If you experience a Smell or Taste Problem, it is important to remember that you are not alone: thousands of other individuals have faced the same situation. More than 200,000 persons visit a physician for a smell or taste problem each year. Many more Smell and Taste Disturbances go unreported.

How Do Smell and Taste Work?

Smell and Taste belong to our chemical sensing system, or the chemosenses.

The complicated processes of smelling and tasting begin when tiny molecules released by the substances around us stimulate special cells in the nose, mouth, or throat.

These special sensory cells transmit messages through nerves to the brain where specific smells or tastes are identified.

Olfactory or smell nerve cells are stimulated by the odors around us — the fragrance from a gardenia or the smell of bread baking.

These nerve cells are found in a small patch of tissue high inside the nose, and they connect directly to the brain.

Gustatory or taste cells react to food and beverages.

These surface cells in the mouth send taste information to their nerve fibers.

The taste cells are clustered in the taste buds of the mouth and throat.

Many of the small bumps that can be seen on the tongue contain taste buds.

A third chemosensory mechanism, called the common chemical sense, contributes to our senses of smell and taste.

In this system, thousands of nerve endings — especially on the moist surfaces of the eyes, nose, mouth, and throat — give rise to sensations like the sting of ammonia, the coolness of menthol, and the irritation of chili peppers.

We can commonly identify at least 5 different taste sensations: sweet, sour, bitter, salty, and umami (the taste elicited by glutamate).

In the mouth these tastes, along with texture, temperature, and the sensations from the common chemical sense, combine with odors to produce a perception of flavor.

It is flavor that lets us know whether we are eating a pear or an apple.

Flavors are recognized mainly through the sense of smell.

What Are the Smell and Taste Disorders?

The most common chemosensory complaints are a loss of the sense of smell and the sense of taste.

Testing may demonstrate a reduced ability to detect odors (hyposmia) or to taste (hypogeusia) sweet, sour, bitter, salty, and umami.

Some people can detect no odors (anosmia) or no tastes (ageusia).

In other disorders of the chemical senses, the system may misread and distort an odor, a taste, or a flavor.

Or a person may detect a foul odor or taste from a substance that is normally pleasant smelling or tasting.

Overall, smell disorders are more common than taste disorders. They rarely occur together.

What Causes Smell and Taste Disorders?

Some people are born with chemosensory disorders, but most develop them after an injury or illness.

Upper respiratory infections are blamed for some chemosensory losses, and **injury to the head can also cause smell or taste problems.**

Chemosensory disorders may result from polyps in the nasal cavities, sinus infections, hormonal disturbances, or dental problems.

Loss of smell and taste also can be caused by exposure to certain chemicals such as insecticides and by some medicines.

Many patients who receive radiation therapy for cancers of the head and neck develop chemosensory disturbances." - in "The Official Patient's Sourcebook on Smell and Taste Disorders", 2002.

Drug Induced Taste Disorders

"Taste is a complex sense inseparable from the sense of smell.

The taste sensation just as the sense of smell is under the dependence of a chemosensory nervous system responding to chemical stimuli by direct ligation to receptors triggering ionic channel opening or second messengers' involvement such as [adenosine monophosphate] AMPc.

Gustatory information is then driven to the brain stem by different cranial nerves (CN VII, IX and X).

Then from the thalamus, signal transmission is transmitted to the primary gustatory area located in the parietal lobe.

Drug-induced taste disorders/modifications are relatively frequent.

These Troubles Can Involve 3 Different Mechanisms:

1. First, it might be linked with a disturbance in the quality or quantity of saliva which is usually the case with drugs having an anticholinergic effect.

2. Second mechanism is due to a lesion and/or a destruction of the lingual epithelium disrupting the epithelial cells renewal, as it is the case with some antibiotics and anticancer drugs.

3. Third potential mechanism is a modification of the zinc, copper, and vitamin A concentrations.

Zinc is essential for the gustin synthesis.

Among the drug-induced taste disorders, dysgeusia is way more frequent than ageusia.

Dysgeusia is different of the other taste troubles in the sense that it is a persisting sensation and remains incongruous with expected tastes.

A dysgeusia complaint must be distinguished from drug persisting taste or its metabolite accumulation.

Dysgeusia can be qualitative, then called parageusia (aliageusia and phantogeusia), or quantitative; hypogeusia, corresponding to a perception threshold decrease and hypergeusia to an increase of this threshold.

These quantitative dysgeusia can be either global or selective (salty, sweet, acid, and bitter).

Sometimes, taste disorders arise as an unusual taste, sour, or metallic in mouth.

300 Drugs Covering The Whole Material Medica Are Potentially Responsible For Taste Disorders

These Disorders Arise Preferentially With:

1. Cardiovascular Medications.
2. Antithyroid Drugs: Carbimazole, Propylthiouracil.
3. Rheumatoid Arthritis Treatments: D-penicillamine.
4. Antibiotics: Betalactamins, Metronidazole.
5.Opioid Painkillers." - in "Drug-Induced Oral Complications", 2021.

Drug Induced Respiratory Disease

"Many Drug-Induced Respiratory Diseases is now strong.

More than 430 Drugs are known to cause Respiratory Injury (a rise from about 250, 10 years ago), and the number is still increasing.

Drugs can cause Major Adverse Respiratory Reactions, depending on the target organ in the respiratory system (lung, airways, pulmonary circulation, pleura, mediastinum, lymph nodes, muscle and nerves, haemoglobin), causing entirely different clinical patterns.

Drug reactions can be a perfect mimic of naturally occurring respiratory diseases clinically, pathologically and on imaging.

Drugs can cause one or more patterns of involvement with, inexplicably, little overlap between each other or in any one patient.

Drugs within a phar macological class may cause the same adverse effect (e.g. #-blockers or NSAIDs and bronchospasm, ergots and pleural effusion or thickening, anti-TNF and opportunistic infection), suggesting a common pharmacological and/or cytopathic mechanism.

The clinical and imaging manifestations of M**ost Drug-Induced Respiratory Diseases** will remit following drug discontinuance.

Acute Drug-Induced Interstitial Lung Disease (ILD), Pulmonary Oedema / haemorrhage, acute upper airway obstruction, bronchospasm, anaphylaxis or pleural effusion can cause severe life-threatening or fatal respiratory compromise, sometimes within minutes.

Some Drugs produce a systemic reaction such as lupus erythematosus, vasculitis (Wegener or Churg–Strauss), polymyositis, or the drug rash and eosinophilia with systemic symptoms (DRESS), with lung and other deep-seated organ involvement.

If the Drug aetiology is not recognized, patients run the risk of developing irreversible Organ Damage or undergoing unnecessary, costly and/or invasive tests, while drug discontinuation would act as an efficient diagnostic test, abbreviating disease duration to the benefit of the patient." - in "Drug-induced and Iatrogenic Respiratory Disease", 2010.

The "New Disease" Covid-19 Was So "New & Dangerous" That For 101 Days It Had Only 3 Common Flu Symptoms

"After China confirmed that the cluster of infections was caused by a novel infectious coronavirus on 7 January 2020, the CDC issued an official health advisory the following day. *On 20 January 2020, the World Health Organization (WHO) and China both confirmed that human-to-human transmission had occurred."- in "Wikipedia", 26 July 2023.*

Symptoms of COVID-19 – 14 March 2020

"Watch for symptoms

Reported illnesses have ranged from mild symptoms to severe illness and death for confirmed coronavirus disease 2019 (COVID-19) cases.

The following symptoms may appear 2-14 days after exposure.

1. **Fever**
2. **Cough**
3. **Shortness of breath**

- in "Coronavirus Disease 2019 (COVID-19)", CDC 24/7: Saving Lives, Protecting People, **14 March 2020.**

Symptoms of COVID-19 - 17 April 2020

"Watch for symptoms

People with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness.

These symptoms may appear 2-14 days after exposure to the virus:

1. **Fever**
2. **Cough**
3. **Shortness of breath or difficulty breathing**
4. **Chills**
5. **Repeated shaking with chills**
6. **Muscle pain**
7. **Headache**
8. **Sore throat**
9. **New loss of taste or smell**

- in "Coronavirus Disease 2019 (COVID-19)", CDC 24/7: Saving Lives, Protecting People, **17 April 2020.**

Aspirin Exacerbated Respiratory Disease (AERD)

"Aspirin Exacerbated Respiratory Disease (AERD) – formerly known as Samter's triad, aspirin triad, aspirin-sensitive asthma, and aspirin-intolerant asthma – is a chronic inflammatory disorder of the sinuses and lungs.

Symptoms of AERD

People with no prior conditions may suddenly experience a host of AERD symptoms, including:

1. Asthma
2. Chronic sinusitis
3. Nasal polyps
4. Nasal congestion
4. Loss of Sense of Smell
5. Intolerance to alcohol
6. Respiratory reactions to aspirin and other Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), causing allergic reactions." - in "Aspirin Exacerbated Respiratory Disease (AERD) ", Penn Medicine, 11 October 2019.

Clinical Picture of Aspirin-Induced Asthma (AIA)

1.1 CLINICAL RISK FACTORS AND COURSE OF ASPIRIN-INDUCED ASTHMA

Our findings have demonstrated that Aspirin-induced Asthma (AIA) is a disease with a clear and definite symptomatology.

A particular feature of AIA is that it occurs in age periods when the human organism undergoes a hormonal alteration - in prepubertal children, women in their 30's, and men in their 50's or 60's.

Women amount to 75% of cases.

Prior to the first shortness of breath, most patients suffer pathology of the upper respiratory tract.

The same peculiarities have been noted by other researchers as well.

We have also demonstrated that along with the occurrence of upper airway pathology, the initial symptoms of lung disease are observed that may point to changes in the reactivity of the bronchial tree: appearance of dry paroxysmal cough with blennoptysis and expiratory dyspnea in response to irritant inhalation, **cold air, as well as in case of changing weather conditions,** or exercise.

Patients are often diagnosed with Chronic Asthmatic Bronchitis.

It is often a case that shortly before the illness, the patients may have suffered concussion of the brain, had a Vaccination, or been under a significant amount of stress.

The first asthma attack may be provoked by contact with infectious or noninfectious allergens, operative intervention in accessory sinuses of the nose, **inhalation of cold air or irritant odors,** or exercise.

The illness in women often starts to develop in the climacteric period.

As a rule, asthma attacks in response to aspirin or other nonsteroidal anti-inflammatory drugs (NSAIDs) occur in a patient who already has asthma and/or nasal polyps with chronic rhinosinusitis.

The intake of these Medications, however, initiates the Asthmatic Syndrome development in every 1 of 3 patients.

Within 1 hour of Aspirin ingestion, the patient may suffer an Asthma Attack, followed by Rhinorrhea, conjunctival injection, and flushing of the upper body, mostly the head and neck.

In some patients, the asthma attack is followed by hypotonia, hypersalivation, nausea, and vomiting, as well as pains in the upper abdomen.

All these reactions are extremely dangerous for the patient's life, as they may rapidly lead to shock, loss of consciousness, or even death." - in "Platelets and **Aspirin-Induced Asthma"**, 2014.

Covid-19 Toll On Smell & Taste What Scientists Don't Know

"Early in the COVID-19 pandemic, it emerged that many people infected with the SARS-CoV-2 virus were losing their sense of smell — even without displaying other symptoms.

Researchers also discovered that infected people could lose their sense of taste and their ability to detect chemically triggered sensations such as spiciness, called chemesthesis.

Almost a year later, some still haven't recovered these senses, and for a proportion of people who have, odours are now warped: unpleasant scents have taken the place of normally delightful ones.

Nature surveys the science behind this potentially long-lasting and debilitating phenomenon.

"Usually, these patients say they have lost their smell suddenly," a clue that the symptom is linked to COVID-19.

How many people with Covid-19 lose their sense of smell?

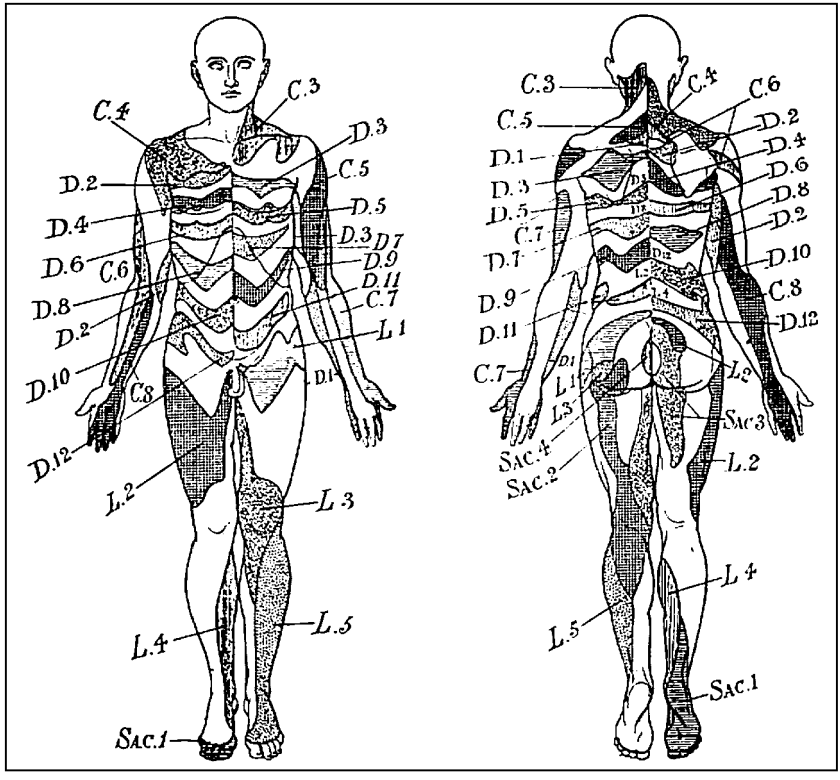
The exact percentage varies between studies, but most suggest that smell loss is a common symptom." - in "COVID's toll on Smell and Taste: what scientists do and don't know", Nature, 14 January 2021

> ***"On the second week loss of smell suddenly appeared for all kinds of odours involving also the sense of taste and the patient complained of a metalic taste. After 3 weeks the said symptoms disappeared." - in "Disturbances of smell in course of Herpes Zoster cephalicus"****, Acta Oto-laryngologica, 1951.*

Just bear in mind that "Herpes Zoster Cephalicus" is actually caused by the excess growth of a bacteria (thus producing an excess of metabolic waste), it is the toxic properties of this toxin which acts upon the dorsal root ganglion, thus producing the symptoms known as "Shingles".

This mechanism of action was understood by Richard Bright in 1831, and in 1861 Felix von Bärensprung confirmed this observation.

> ***"Herpes Zoster (often confused with herpes simplex) is from the Greek, herpes perhaps referring to the snakelike shape of the dermatomal lesions and zoster referring to girdle.***
> ***In 1861, Felix von Barunsprung identified the neural origin of shingles, originally hypothesized by Richard Bright in 1831, and after performing the first postmortem examination, identified its focus in the dorsal root ganglion."*** *- in "The Pathology of Shingles: Head and Campbell's 1900 Monograph", Arch. Neurol., 1999.*



This figure, reproduced from Head and Campbell's 1900 monograph, is one of the earliest depictions of the sensory dermatomes. It was derived from their observations of the location of shingles lesions in almost 500 patients. They use the abbreviation D (for "dorsal") to refer to the thoracic dermatomes.

"The inflammation and haemorrhage are situated in the dorsal aspect of the ganglion, i.e., in that portion opposed to the anterior root.

In the centre of these haemorrhagic foci the ganglion cells are absolutely destroyed.

But [elsewhere] in the affected ganglia many cells are usually seen which show no noticeable alteration, and in no instance of spontaneous zoster have we been able to see those minor chromatolytic changes that are so commonly present in degenerative diseases of the nervous system.

The effused blood undergoes retrogressive changes, and if not completely removed remains only as a mass of brownish granular deposit in the centre of the scar tissue.

Usually the final result is a scar occupying from one sixth to a half of the ganglion.

***Within this area all ganglion cells and nerve fibres are destroyed**, and no structure remains to show where they once existed.*

*But in several cases **a few healthy ganglion cells, and still more often a few healthy nerve-fibres, can be seen scattered in the scar tissue.***

Of the nature of the agent which is responsible for this process we are completely ignorant.

Microscopically, we have not been able to find any signs of bacterial infection, this agent, whatever it maybe, seems to have a specific attraction for the posterior root ganglion exactly as the equally unknown cause of acute anterior poliomyelitis attacks the substance of the anterior horns.

***It would appear that zoster in all respects resembling that arising spontaneously may be produced by implication of a posterior root ganglion in inflammatory processes secondary to malignant disease, tubercle, or injury."** - Head H, Campbell AW., in "The pathology of herpes zoster and its bearing on sensory localization", Brain, 1900.*

For more detailed information on the effects of the toxicity of Bacterial waste, in the causation of Herpes, please read the Books on the Medical Trade, which have been published by the Order previously.

The Herpes Zoster Virus Farce

"Herpes zoster, also known as shingles, is caused by reactivation of varicella-zoster virus (VZV), the same virus that causes varicella (chickenpox).
Primary infection with VZV causes varicella.
After a person has varicella, the virus remains latent in the dorsal root ganglia. VZV can reactivate later in a person's life and cause herpes zoster, a painful maculopapular and then vesicular rash." - in "Shingles (Herpes Zoster)", CDC 24/7: Saving Lives, Protecting People, 10 May 2023.

"The seriousness of the ophthalmic herpes zoster combined with poor or late treatment can lead to chronic ophthalmic lesions, post-herpetic neuralgic syndrome and such severe skin lesions that they look like third degree burns.

Marsh describes 3 stages of ocular involvement:

1. Acute ophthalmic lesions that evolve during the first 3 weeks of the eruptive stage and can become chronic; pain can persist like post-herpetic neuralgic síndrome;
2. Chronic ophthalmic lesions that can persist for over ten years;
3. Recurrent ophthalmic lesions that can reappear up to 6 years after the acute attack.

140 with a diagnosis of ophthalmic herpes zoster in eruptive stage, evolving between 4 to 18 days and with various types of ophthalmic lesions - from trivial to devastating - were treated with blockage of the Gasserian ganglion by injecting bupivacaine and betametasone to evaluate their effects on ophthalmic lesions.

One day after blocking the affected Gasserian ganglion, we observed a dramatic reduction in the severity of the ophthalmic lesions and significant changes in the skin lesions, towards a resolutive stage.

We also observed that none of the patients treated within the first 7 days after the beginning of the eruptive stage developed ophthalmic sequels, which is one of the severest problems of this ailment.

Patients blocked after this time period developed various types of ophthalmic sequels.

The conclusion is that carrying out this procedure at an early stage leads to a significant clinical improvement and dramatic changes, in hours, of the ophthalmic and skin lesions, without the development of ophthalmic sequels, post-herpetic neuralgic syndrome; skin scars were benign." - in **"Trigeminal Herpes Zoster Treatment of ophthalmic herpes zoster in eruptive phase with blockage of Gasserian ganglion"**, Revista Argentina de Anestesiología, **2003.**

Vasomotor Disturbances and Mechanisms of Pain

"Response to Injury.

Trauma and disease evoke certain responses at first protective and salutary, but if persistent they become undesirable and damaging.

The 3 responses under consideration are:

1. Persistent pain.
2. Reflex muscular spasm mediated via somatic nerves.
3. Reflex sympathetic vasomotor reactions.

These responses will co-exist in varying proportions in many disorders but usually one tends to dominate the picture and acts as the presenting symptom or sign.

Three neuronal levels of injury and of excitation have been recognized and the various disease states which tend to select these levels have been reviewed (De Takats).

1. First Neuronal Injury.

The injury occurs between the sensory receptors and the dorsal root ganglia. Such condition as: direct trauma irritation; herpes zoster.

2. Second Neuronal Injury.

The injury occurs at any level from the ganglia and cord centers to the thalamic synapse. The following conditions are included: Tabes dorsalis; **poliomyelitis;** scarlatinal myelitis.

3. Third Neuronal Injury.

Thalamo-cortical paths are involved.

Impulses from lower centers of overactivity become impressed on the **thalamus**, set up a site of excitation and these become self propelled and in turn become impressed on the cortex.

A developed and excited area has been aptly termed a **"physiological inflammation"** by Gerard.

HERPES ZOSTER (Shingles)

Zone of Distribution.

The spinal nerves are affected most frequently.

About 60% of the cases involve thoracic nerves and another 20% involve the lumbar, cervical and sacral areas. The ophthalmic nerve is affected in about 20% of the cases.

Physical Status.

Most patients are in good general health.

The post-herpetic neuralgia tends to appear in the elderly.

Duration of Symptoms.

The acute dermal lesions last about 2 weeks.

Generally, the burning type pain ameliorates as the rash appears, but pain persists for about 2 months.

In about 18% of cases, irrespective of the type of therapy a postherpetic neuralgia is found.

A reduction of this incidence is obtained by early nerve block therapy.

Those patients who secure adequate pain relief at the outset have a shorter disease course and neuralgia is mild or less likely to occur.

Pathology.

Inflammatory processes are to be found chiefly in the dorsal root ganglia of the spinal nerves.

They are also to be found in the homologues of the cranial nerves.

Areas of inflammation are also to be observed in the nerve trunks, the spinal cord and skin.

Cutaneous inflammatory foci corresponding to the involved nerves and their terminal dermatome distribution may persist for months.

The sustained pain of post-herpetic neuralgia is due to a central disturbance resulting from continuous bombardment and the establishment of self-perpetuating circuits.

There is a marked similarity to the thalamic syndrome (Sugar and Bucy).

Treatment

1. Antibiotic therapy.

Chloramphenicol or chlortetracycline is combined with posterior pituitary injections.

2. Pain relief by analgesics is effective in treating the discomfort of the acute stage.

3. Chemical nerve blocking.

This is most effective measure to afford pain relief for both the acute and chronic pain state.

The earlier the blocks, the greater the chance of obtaining relief and reducing the incidence of post-herpetic neuralgia.

This is the primary method for the elderly patient.

(a) Intercostal procaine and phenol blocks.

(b) Paravertebral sympathetic block.

(c) Gasserian ganglion block.

4. Surgical relief is resorted to in post herpetic neuralgia.

(a) Posterior rhizotomy.

(b) Chordotomy

(c) Lobotomy

5. X-ray therapy affords some measure of relief in the acute stages. This is unpredictable.

6. Medical procedures include **high Vitamin intake**, Cortisone and **Physiotherapy.**

These are only adjunctive and only mild improvement if any is obtained." - in "Fundamentals of Nerve Blocking", 1960.

The Virulence From Bacterial Toxins

"I became interested in Bacterial Toxins around 15 years ago, and was immediately and increasingly fascinated as I learnt more about how these ingenious Bacterial Poisons take over control of our cells.

Although Toxins are made in Bacteria, they are designed specifically to work inside our cells.

There each Toxin can identify with precision a key

function that makes the cell work, and moreover **interfere with its normal function.**

Toxins therefore possess an intimate knowledge of our cells, and this is the reason why [the metabolic waste from] bacteria are such lethal molecules and cause disease.

Toxins remain a significant cause of disease today, not just in the developing world, where they are a major cause of death, but also in the west.

New toxin-linked diseases are still appearing and we are still finding new ways that these **poisons interact with us."** - in "TOXIN The Cunning of Bacterial Poisons", 2005.

The Effects of Bacterial Toxins

"Bacterial Toxins play a key role in the pathogenesis of lung disease.

Based on their structural and functional properties, they employ various strategies to modulate lung barrier function and to impair host defense in order to promote infection.

Although in general, these Toxins target common cellular signaling pathways and host compartments, toxin- and cell-specific effects have also been reported.

Toxins can affect resident pulmonary cells involved in alveolar fluid clearance (AFC) and barrier function through impairing vectorial Na+ transport and through cytoskeletal collapse, as such, destroying cell-cell adhesions.

The resulting loss of alveolar-capillary barrier integrity and fluid clearance capacity will induce capillary leak and foster edema formation, which will in turn impair gas exchange and endanger the survival of the host.

Toxins modulate or neutralize protective host cell mechanisms of both the innate and adaptive immunity response during chronic infection.

In particular, Toxins can either recruit or kill central players of the lung's innate immune responses to pathogenic attacks, i.e., alveolar macrophages (AMs) and neutrophils.

Pulmonary disorders resulting from these Toxin actions

include, e.g., Acute Lung Injury (ALI), the Acute Respiratory Syndrome (ARDS), and severe Pneumonia.

When acute infection converts to persistence, i.e., colonization and chronic infection, lung diseases, such as bronchitis, chronic obstructive pulmonary disease (COPD), and cystic fibrosis (CF) can arise.

Endotoxins, such as lipopolysaccharides (LPS) are the major constituents and protective elements of the outer membrane of Gram-negative bacteria.

LPS is comprised of 3 domains, which are genetically, chemically, and functionally distinctive.

These domains include the lipid A, the core, and the O-antigen.

LPS has a broad range of biological activities, which can disrupt lung function and is considered a causative factor in chronic lung diseases, including chronic obstructive pulmonary disease (COPD) and cystic fibrosis (CF).

LPS administration was also shown to induce bronchopulmonary hyperresponsiveness leading to Asthma.

Various respiratory tract disorders are associated with Bacterial Toxins.

During the dynamic interaction with the environment, lungs are highly influenced by inhalational stressors, such as cigarette smoke, ozone and occupational Toxic Agents, as well as by host factors, including the nutrition-, sleep-, and exercise-dependent performance of our immune defense system.

This is further influenced by infectious insults, as documented by the high susceptibility for severe Bacterial Pneumonia during the course of influenza virus infection.

Such complications quite frequently lead to respiratory failure or to septic shock.

Whereas commensal organisms may provide the host with a number of benefits (e.g., contributing to metabolism or shaping immune competence), **the vast majority of infections are caused by organisms that are part of the normal flora** (e.g., S. aureus, S. pneumoniae, and P. aeruginosa).

Only relatively few infections are due to organisms that

are strictly pathogens (e.g., Neisseria gonorrhoeae, Treponema pallidum, Mycobacterium tuberculosis, some non-tuberculous mycobacteria).

In Conclusion

Bacterial Toxins may play a key pathogenic role and are thus of highest relevance in many instances of infection.

The site- and situation-dependent role of Bacterial Toxins and the adaptive interplay with the host are crucial factors for the infective potential of the pathogens.

Indeed, the role of Bacteria and their Toxins seems to be determined by both general and highly specific, time-dependent local host and environmental factors, as well as by the Ecological Status of the Microbiome." - in **"Impact of Bacterial Toxins in the Lungs", Toxins, 2020.**

Chapter 4

The Entire Circus of The Fake "Covid-19" So-Called "Pandemic" Lasted 4 Years

"Give me 4 years to teach the children and the seed I have sown will never be uprooted." *- Vladimir Lenin, First Leader of the Soviet Union*

Start of the Fake "Covid-19" So-Called "Pandemic"

On 31 January 2020, The U.S. Department of Health and Human Services, declared a public health emergency.

End of the Fake "Covid-19" So-Called "Pandemic"

11 May 2023, marks the end of the federal Covid-19 Public Health Emergency declaration.

Curiously

"The SPARS Pandemic 2025-2028" Exercise also mentioned 4 years for a "Pandemic" to last.

Taking this into account, and looking back at the signed contracts between the European Union, and supply and services Companies, and the United Kingdom Government, and supply and services Companies, the option was always there for the contracts to last for a period of 4 years, not less not more.

The question then arises, have these chaps a crystal ball?

How they know that a "Pandemic" will last 4 years?

Why does a "Pandemic" have to last 4 years?

"As the pandemic tapered off, several influential politicians and agency representatives came under fire for sensationalizing the severity of the event for perceived political gain.

As with many public health interventions, successful efforts to reduce the impact of the pandemic created the illusion that the event was not nearly as serious as experts suggested it would be.

A widespread social media movement led primarily by outspoken parents of affected children, coupled with widespread distrust of "big pharma," supported the narrative that the development of SPARS MCMs was unnecessary and driven by a few profit-seeking individuals.

Exhausted employees of these agencies, many of whom worked long hours 6 or 7 days a week throughout the pandemic, simply wanted to put the whole response behind them.

Little desire remained on the part of decision-makers or those who served in the trenches during the response to rehash the events of the past several years.

The very real possibility of a future SPARS pandemic necessitates continued commitment to vaccination programs as well as accurate, culturally appropriate, and timely communication from public health agencies across the planet." - in "The SPARS Pandemic 2025-2028"

The Man That Triggered: Half a Trillion Pound Government Spending Spree

"Yesterday Chris Whitty was talking to the world's most expensive Covid Inquiry, about the logic of locking down healthy people.

This is the man who stood every day at 5 PM to explain why you mustn't leave your house.

So I'm sure you remember it clearly and triggered a half a Trillion pound government spending spree, which has now set our economy on course to probably collapse.

Here is Whitty yesterday being quizzed on how lockdowns came about.

> ***"Very big new idea was the idea of a lockdown*** *all the npis are sometimes called locked down party by some commentators, but in I'm talking here very very specifically about the state saying - People have to go home and stay at home, except under very limited circumstances - a very radical thing to do.*
>
> ***I would have thought it would be very surprising without this being requested by a senior politician or similar, that a scientific committee would venture in between emergencies into that kind of extraordinarily major social intervention with huge economic and social ramifications."*** *- Professor Chris Whitty, England's Chief Medical Officer, Covid-19 Inquire, 22 June 2023.*

Right, so we were told repeatedly that the politicians were following the science, but the scientists are now saying that they were following the politicians.

Which begs the question who were the politicians following, apart from of course the **Chinese Communist party with their footage of people face planting in the streets, to terrify the west.**

Where unfortunately **self-serving politicians were hoping for a popularity bounce.**

As Matt Hancock's WhatsApp messages revealed in January 2020, **a well-handled crisis could propel him into the next league** and break him through in terms of public perception.

"Have been reflecting about the Coronavirus and your role.

Some thoughts: You've come over well so far.

Calm, authoritative, honest.

A well handled crisis of this scale could propel you into the next league, and break you through in terms of public perception.

Worth you asking yourself some questions:

1. How do you want your handling of this crisis to be remembered?

And how will you protect those qualities?

2. How can you show the PM you're his ultra competent, non showboaty lieutenant in this?

What can you offer him? Get him to chair COBRA?

What else, to him you're looking out for him, not you?" - **Matt Hancock, UK Health Secretary, in "WhatsApp messages", January 2020.**

To truly understand the country we live in at the moment, the economic cluster fiasco, only makes sense when viewed alongside decisions made since spring 2020.

We now know, that Boris Johnson knew the true risks.

Even the over 65's were at greater risk of falling down the stairs at home, he said in a message to Chris Whitty.

"Thanks Chris!

I have a feeling you have made these points before and I apologise.

But is there any merit in this idea of offering over 65s a CHOICE If you are over a certain age and have certain vulnerabilities then you can choose to live one of two lives.

You can either shelter or at least avoid all potentially infectious environments and socialise on a strictly limited basis.
Or else you can take what we hope – especially with mass salivary testing – will be an ever diminishing risk.
If you are over 65 your risk of dying from Covid is probably as big as your risk of falling down stairs.
And we don't stop older people from using stairs.
What do you think?" *- Boris Johnson, UK Prime Minister, on "WhatsApp", 19:05:54,* ***9 August 2020.***

But he wasn't strong enough to stand by this correct assessment. We thought he was silenced by Whitty's science. Why there was no economic cost benefit analysis of such totalitarian policies and a functioning economy that not only works for huge corporations but also the small businesses upon which this great nation is built." - in "Bev Turner: The Covid Inquiry looks like nothing more than an arse-covering", GBNews, 23 June 2023.

Germany Made 1 Pandemic Exercise "Pandemic Caused by Virus Modi-SARS" 2012

"When does the event happen?
The event begins in Asia in February, but its dimension/significance is only recognized there a few weeks later. The first identified Modi-SARS case occurs in Germany in April. This point in time forms the starting point of the present scenario.
What triggers the event?
The pathogen comes from Southeast Asia, where the pathogen, which occurs in wild animals, was transmitted to humans via markets. Since the animals themselves do not become ill, it was not apparent that there was a risk of infection." - in "Bericht zur Risikoanalyse im Bevölkerungsschutz 2012", Deutscher Bundestag (German Parliament), 10 December 2012.

The U.S. Made 6 Pandemic Exercises Between 2001 - 2022

2001

Dark Winter

"The Dark Winter exercise, held at Andrews AFB, Washington, DC, 22-23 June, 2001, portrayed a fictional scenario depicting a covert smallpox attack on US citizens.

Yugoslavia's Communist leader, Josip Tito, instituted a nation-wide quarantine, and immunized the entire country of 20 Million people using Vaccine supplied by the World Health Organization (WHO).

Estimates of the current U.S. supply of smallpox Vaccine range from 7 to 12 Million doses. This stock cannot be immediately replenished, since all Vaccine production facilities were dismantled after 1980, and renewed Vaccine production is estimated to require at least 24-36 months.

The Centers for Disease Control and Prevention (CDC), recently contracted with Acambis Inc. of Cambridge MA, to produce 40 Million doses of new Vaccine." - in "The Dark Winter", The Center for Strategic and International Studies, the Johns Hopkins Center for Civilian Biodefense Studies, 22-23 June 2001.

2005

Atlantic Storm

"How would world leaders manage the catastrophe of a fast-moving global epidemic of deadly disease?

Atlantic Storm was a ministerial table-top exercise convened on 14 January 2005 by the Center for Biosecurity of the University of Pittsburgh Medical Center, the Center for Transatlantic Relations of the Johns Hopkins University, and the Transatlantic Biosecurity Network." - in "Atlantic Storm", Johns Hopkins University, 14 January 2005.

2017

SPARS Pandemic

The SPARS Pandemic, 2025-2028: A Futuristic Scenario for Public Health Risk Communicators. Baltimore, MD: Johns Hopkins Center for Health Security; October 2017.

2018

"100 Years Since 1918: Are We Ready for the Next Pandemic?, *Daniel B. Jernigan, MD MPH, Director, Influenza Division, Centers for Disease Control and Prevention (CDC), 4 May 2018.*

Clade X

"Clade X was a day-long pandemic tabletop exercise that simulated a series of National Security Council–convened meetings of 10 US government leaders, played by individuals prominent in the fields of national security or epidemic response." -in "Clade X A Pandemic Exercise", Washington, DC, 15 May 2018.

2019

Event 201

"Event 201 exercise will bring together Public and Private leaders to inform multistakeholder cooperation for Pandemic preparedness and response.

The world has seen a growing number of epidemic events, amounting to about 200 per year.

The Johns Hopkins Center for Health Security in partnership with the World Economic Forum (WEF), and the Bill & Melinda Gates Foundation (BMGF), will host Event 201:

a high-level simulation exercise for pandemic preparedness and response, in New York, USA, on Friday 18 October 2019." - in "Live Simulation Exercise to Prepare Public and Private Leaders for Pandemic Response", World Economic Forum, 15 October 2019.

2022

Catastrophic Contagion

"The Johns Hopkins Center for Health Security, in partnership with WHO and the Bill & Melinda Gates Foundation, conducted Catastrophic Contagion, a pandemic tabletop exercise at the Grand Challenges Annual Meeting in Brussels, Belgium." - in "Catastrophic Contagion", The Johns Hopkins Center for Health Security, 23 October 2022.

The UK Made 11 Pandemic Exercises Between 2015 - 2019

3 Exercises on an Ebola Pandemic, including Exercise Northern Light in May 2016.

3 Exercises on a Flu Pandemic: Exercises Cygnet, Cygnus and Pica in 2016 and 2018.

2 Exercises on a Lassa Pandemic, a viral haemorrhagic fever: Exercise Typhon, February 2017, Exercise Broad St., January 2018.

2 Exercises on an Avian flu, including Exercise Cerberus, February 2018.

1 Exercise Alice, for MERS, February 2016.

Chapter 5

The HIV/AIDS Virus Farce

"Koch's Postulates:

The Case Against LAV/HTLV-III's
Being the Sole Sufficient or Necessary Cause of AIDS

In Medical Trade so-called "science", the standards for proving that a particular micro-organism causes a disease are three classic laws known as "Koch's Postulates".

So far, the so-called "AIDS virus" (LAV or HTLV-III), has ignominiously failed to fulfil even one of the bacteriologist Dr Robert Koch's 3 Laws for "establishing the specificity of a pathogenic micro-organism".

Koch's first Postulate requires that the microbe be found in all cases of the disease.

In various samplings of AIDS patients, anywhere from 20% to 64% do not have the LAV virus, and about 10% do not even have antibodies.

Centers for Disease Control and Prevention (CDC) officials cavalierly attribute this awkward finding to "poor testing methods", failing to acknowledge that the burden of proof is on those who claim that the "AIDS virus" is the cause of AIDS.

Koch's second Postulate requires injection of the micro-organism into susceptible animals, with the result that the same disease is produced.

For years researchers have been injecting several species of monkeys with fluids from people with AIDS.

Whatever microbes were in the blood of the AIDS patients — whether viruses, bacteria, or other — whether named LAV or HTLV-III or ARV or something else — these microbes would have been transmitted, in large quantities, to the blood of the monkeys.

And none of the monkeys has yet developed AIDS.

Further, there have been several hundred carefully monitored cases of health care workers who accidentally stuck themselves with needles that had been used on AIDS patients. In no case has AIDS resulted from one of these inoculations.

The third Postulate requires that the agent create the disease upon transfer from animals made ill by inoculation.

Obviously this condition has not been met, as no animal has yet been made ill by inoculation.

It is certainly possible that the LAV virus may play some role, perhaps even an important role, in causing AIDS.

However, LAV clearly cannot be regarded as a necessary factor in causing AIDS if substantial proportions of AIDS patients do not have the virus.

This is the inescapable logic of Koch's first Postulate.

Considering that up to 2/3 of the AIDS patients do not have the virus in their bodies, one may question the wisdom of treating these patients with toxic and experimental antiviral drugs, such as ribavirin, which at best may prevent the virus from replicating.

If the virus is not present in the patient's body, there is nothing to prevent from replicating.

The Toxicologic Model

The “AIDS virus” etiology has been put forward thousands of times in the media, complete with color fluorescence micrograph photographs, and the public has come to believe it.

Nevertheless, the “virus only” theory is not tenable.

Repeating a hypothesis does not verify it.

Propaganda is not science.

For reasons unknown, the U.S. Public Health Service adheres with military rigidity to the line that AIDS must be explained in terms of the “AIDS virus”, and that research efforts must be based solely on this premise.

In actuality, such epidemiological information as we have seems more consistent with a toxicologic than with the prevailing microbial model.

Aetiology of AIDS A Toxicologic Model
The Drugs Connection

Certain drugs, such as the medications used during transplant operations, can cause the AIDS condition, immune deficiency, all by themselves.

It is also known that "recreational" drugs, like heroin, are immunosuppressive.

And it is now firmly established that poppers are immunosuppressive.

More than a quarter of the AIDS cases have occurred among intravenous drug users, and most of the remaining AIDS cases have occurred among gay men who used poppers (as well as other "recreational" drugs).

In any event, common sense dictates not using immunosuppressive drugs.

Do not use poppers." - in "Poppers & AIDS", revised and considerably expanded, prepared in collaboration with the Committee to Monitor Poppers, San Francisco, CA, 1986.

Why Is AIDS Research Not Free To Investigate Non-HIV Hypotheses?

"The virus-AIDS hypothesis was instantly accepted, but it is burdened with numerous paradoxes, none of which could be resolved by 2003:

Why is there no HIV in most AIDS patients, only antibodies against it?

Why would HIV take 10 years from infection to AIDS?

Why is AIDS not self-limiting via antiviral immunity?

Why is there no vaccine against AIDS?

Why is AIDS in the US and Europe not random like other viral epidemics?

Why did AIDS not rise and then decline exponentially owing to antiviral immunity like all other viral epidemics?

Why is AIDS not contagious?

Why would only HIV carriers get AIDS who use either recreational or anti-HIV drugs or are subject to malnutrition?

The answer to the question, why HIV-AIDS researchers do not study or fund non-HIV-AIDS theories, lays in the structure of the large, government-sponsored research programs that dominate academic research since World War II.

If individual researchers move into new directions, that threaten the scientific and commercial investments of the establishment, the establishment can impose various sanctions via the "peer review system".

The most powerful of these are denial of funding and of publication

The peer review system derives its power from the little known practice of governments to deputize their authority to distribute funds for research to committees of "experts".

These Experts are Academic Researchers distinguished by outstanding contributions to the current establishment.

In view of the many professional and commercial investments in and benefits from their expertise, and even of the rewards from their Universities and Institutions for the corresponding overheads and partnerships, "peer reviewers" do not fund applications that challenge their own interests

The corporate equivalent of Academia's peer review system" would be to give General Motors and Ford the authority to review and veto all innovations by less established carmakers competing for the consumer.

Even the professional journals and the science writers of the public media comply with the interests of government-funded majorities because they depend on their monthly "scientific breakthroughs", the lucrative advertisements from their companies, and the opinion of their subscribers.

A precursor of this article was written in response to an open invitation from a

pharmacology-journal over 3 years ago.

After considerable pressure on the journal from

anonymous "AIDS experts", the editor requested a reduced article, which was neither accepted nor rejected.

Instead, the editor simply dropped all further correspondence.

Subsequently, the editor of a prestigious German-based science journal invited another precursor of this article 2 years ago, which received 2 favourable reviews in short order.

But before the manuscript could be revised, the editor informed that the publisher was concerned about losing subscribers if our paper were published and ceased all further correspondence.

If the current unproductive AIDS establishment objects, funding should be withheld until the AIDS establishment finds ways to explain the complexity and merits of its expertise to other scientists." - in "The Chemical Bases of the Various AIDS Epidemics: Recreational Drugs, Anti-Viral Chemotherapy and Malnutrition", Journal of Biosciences, July 2003.

Nitrite Inhalants & AIDS

"Nitrite Inhalants (Poppers) & AIDS

Don't use poppers.

This is the first and the last thing to be said about them.

Poppers are a liquid mixture of isobutyl nitrite and other chemicals, packaged in small bottles under such names as "Rush", "Ram", "Thunderbolt", "Locker Room", and "Crypt Tonight" (gallows humor?).

Poppers are advertised and sold to gay men, who make up virtually the entire market for the commodity.

When inhaled just before orgasm, poppers seem to enhance and prolong the sensation.

With regular use, they become a sexual crutch, and many gay men are incapable of having sex, even solitary masturbation, without the aid of poppers.

Poppers have become an accepted, even obligatory part of the gay male lifestyle in some cities. The odor of poppers is ubiquitous in New York City bars, backrooms and baths.

At gay discos, men shuffle around on the dance floor, zombie-like, holding popper bottles under their noses.

The subject of poppers is one which arouses intense emotions.

Ordinarily rational men become hysterical when it is suggested that the nitrite inhalants are harmful to the health and may play a role in causing AIDS.

Since poppers have become necessary for them to function sexually, giving up poppers would seem, at least in the beginning, like giving up sex itself.

In 1981, the Stanford Medical Laboratories tested some samples of different brands of poppers, and found them to contain kerosene, hydrochloric acid, and sulfur dioxide, among other impurities.

Profits

The biggest money-maker in the gay business world is believed to be the poppers industry. Gross profits were estimated to be $50 Million in 1978, and may well be double or triple that by now. (Sigell 1978)

Everyone knows that poppers are inhaled as a drug.

A large and growing body of medical research indicates that poppers are dangerous, and almost certainly implicated in causing AIDS.

And yet the government agencies blithely accept the lie that poppers are only a harmless "room odorizer".

Poppers are now illegal in New York State.

On 18 June, Governor Cuomo signed into law Assembly Bill #890, making it illegal to possess or sell "hazardous inhalants", including amyl and butyl nitrite, that cause intoxication. Poppers are dangerous, and they should never have been sold legally in the first place.

Poppers As A Factor For AIDS

For several years, government agencies have discouraged any approaches to AIDS other than the single-infectious-agent hypothesis.

Researchers who advanced drug abuse or multifactorial hypotheses tended to be ostracized and unfunded.

Toxic effects of amyl nitrite (the pharmaceutical predecessor of "Rush", "Locker Room", etc.) have been known for years.

With the outbreak of the AIDS epidemic, medical researchers began to suspect that poppers may play a role in causing AIDS in gay men-either as the primary cause or in conjunction with other factors. (Durack 1981)

Anyone who has studied even a portion of the medical literature can only shake his head in amazement that this dubious commodity has not been banned — except in Massachusetts, Wisconsin, and, as of June 1985, New York State.

(In Massachusetts, where poppers have been banned for years, only 378 cases of AIDS had been reported as of 31 March 1986. In contrast, there had been 6265 cases in New York, where poppers had been sold legally in sex shops, baths, discos, and even neighborhood smoke shops).

For several years, major articles in the most prestigious medical journals in the world have discussed the immunosuppressive and other harmful effects of poppers, and their possible role in causing AIDS.

The question is no longer whether, but rather how much of a role poppers play in causing AIDS.

Are poppers a relatively minor or a very major co-factor? So far as the effect of poppers on the health, there is no doubt that they are harmful.

For some individuals, even a single episode of snorting poppers can be life-threatening.

The Evidence

Following are a few epidemiological highlights:

1. 96-100% of the gay men with AIDS used poppers, usually quite heavily. These men were also heavy users of many other "recreational" drugs, including amphetamines ("speed"), cocaine, heroin, quaaludes ("ludes"), LSD,

barbiturates ("downers"), and ethyl chloride. (Friedman-Kien 1982, Haverkos 1982/1985, Jaffe 1983)

2. Case-control studies have implicated poppers as a statistically significant and important risk factor for the development of AIDS. (Marmor 1982, Newell 1985)

3. In gay men who do not (yet) have AIDS, popper usage is correlated with immunological abnormalities similar to those found in AIDS patients. (Goedert 1982)

4. Among men with swollen lymph nodes (all of whom had used poppers), heavy popper users were more likely to develop AIDS. (Mathur-Wagh 1984/1986)

5. A recent study compared two groups of gay men who were antibody positive to the LAV (HTLVIII) virus: people who were clinically sick with AIDS, and people who were not sick. Usage of the nitrite inhalants proved to be one of the most important risk factors for developing AIDS, and especially, Kaposi's sarcoma. The heavier the popper usage, the greater the risk. (Moss 1985)

6. Leaders of People With AIDS, who have known hundreds of PWA's, state that most of them were heavily into drugs, and all of them used poppers.

7. W.J. Wallace, the manager of the Mineshaft, stated in an interview, "I really don't know anybody who's had AIDS who hasn't used drugs."

8. Finally, there is the crucial point that for 5 years AIDS, unlike a truly communicable disease, has remained compartmentalized. Gay men accounted for three-quarters of the AIDS cases 5 years ago, and account for the same proportion now in 1986. Poppers are used by gay men. They are used by very, very few straight men, and by virtually no women at all.

Mutagenesis

Two different experiments have demonstrated that poppers are mutagenic. That is, they cause genes to mutate. (Quinto 1980, Osterloh 1984)

Carcinogenesis

Organic nitrites like poppers combine with other substances to form deadly, cancer-causing compounds (N-nitroso compounds, nitrosamines — Jφrgensen 1982, Newell 1984, Osterloh 1984).

Danish scientists Karl Jφrgensen and Sven-Olov Lawesson describe N-nitroso compounds as being so deadly as to have **"the capacity to induce cancer after only one dose".**

Several AIDS researchers have suggested that poppers may play a role in causing the cancer, Kaposi's sarcoma (KS), in gay male AIDS patients.

KS is found in about half of the gay men with AIDS, but in a very small percentage of PWA's from the other risk groups.

It is gay men who use poppers, not straight IV drug users or Haitians.

Blood Cell Studies (in vitro)

Several different laboratory experiments have shown that exposure of human blood cells to amyl, butyl or isobutyl nitrite causes sharp decreases in immunological function, as well as striking alterations in cell structure ("cytoplasmic protrusions with pseudopod-like extensions", etc.). (Marmer 1982, Hersh 1983, Jacobs 1983)

One research team concluded:

> ***"These abnormalities can help in explaining the role of amyl nitrite cellular toxicity in immunosuppressed male homosexuals."*** *- Marmer, 1982.*

Another research stated:

> ***"These in vitro studies strongly suggest that the inhalant nitrites may indeed be dangerous, and their use should be condemned by those physicians who treat patients who use these drugs regularly."*** *- Hersh, 1983.*

Another research team concluded:

> ***"The results of these studies indicate that immunosuppression should be added to the other reasons why isobutyl nitrite should not be used by man."*** *- Lotzova, 1984.*

One of these studies further found that the mice exposed to nitrite vapors suffered gross pathological lung damage, weight loss, and, most significantly, reversed T-cell ratios:

> ***"Our studies do show that chronic inhalation of AN [amyl nitrite] can lead to an altered T-cell helper/suppressor ratio, the same phenomenon which occurs in AIDS victims.*** *It does look, then, that there seems to be a link between AN inhalation and cellular immunity depression." - Ortiz, 1985.*

In a 6th study, mice exposed to low dosages of isobutyl nitrite vapors developed methemoglobinemia and thymic atrophy. (Lynch 1985)

The first finding is relevant, since poppers are known to cause methemoglobinemia in humans (Horne 1979, Guss 1985) and since anemia is typically part of the AID Syndrome.

(Methemoglobinemia is a form of anemia where the blood turns brown and where the oxygen supply to critical organs is reduced.)

The finding of "thymic atrophy" is suggestive.

Autopsies of AIDS victims show the thymus gland to be destroyed in 100% of the cases.

No thymus gland, no immune system.

Obviously any drug that destroys the thymus gland will play a role in causing AIDS.

A 7th mice study could not be carried through to completion.

Regardless of whether the isobutyl nitrite was ingested, inhaled, or injected, all of the mice died. (Maickel 1982)

Toxicology

Quite aside from the risk of getting AIDS, poppers are known to be hazardous to the health in many different ways. Poppers cause Heinz body cell anemia, methemoglobinemia, lung damage, serious skin burns, death or brain damage from cardiovascular collapse or stroke, dizziness, and headaches.

(Sigell 1978, Horne 1979, Haley 1980, Dixon 1981, Romeril 1981, Guss 1985, Lynch 1985, Ortiz 1985)

AIDS: Why Now?

Poppers became a fad among gay men beginning in 1972, just seven years before the first cases of AIDS began to be diagnosed. (Newell 1984)

The researchers concluded:

> ***"We believe our findings establish that inhaling isobutyl nitrite should be considered dangerous to homosexuals and others at high risk for developing AIDS."*** *- Dr Gangadharam in "Resident and Staff Physician", 1985.*

"Changes in T-cell Lymphocyte Subpopulations After Antigenic Bronchial Provocation in Asthmatics". New England Journal of Medicine, May 1984.

This report is important, it strongly suggests the possibility of **drug interaction effects, whereby the combination of butyl nitrite plus one or more other**

"recreational" drugs may be much more deadly than any one of these drugs by itself.

Human Toxicology of Nitrites

"The Physiological Effects of Amyl, Butyl, and Isobutyl Nitrites.
The toxic effects of amyl nitrite inhalation include rapid flushing of the face, pulsation in the head, cyanosis, confusion, vertigo, motor unrest, weakness, yellow vision, hypotension, soft thready pulse, and fainting.
Accidental prolonged inhalation of amyl nitrite has resulted in death from respiratory failure.
Fatalities have occurred in workers exposed to organic nitrates after strenuous exercise 1 to 2 days after cessation of exposure.
Nitrite causes a loss of tone of the vascular bed and pooling and trapping of blood in the veins of the lower extremities, resulting in marked arteriolar constriction and the induction of anoxemia in vital tissues, causing death.
Hypertrophy of the left ventricle occurs in workers handling nitroglycerine, and they suffer from shortness of breath on undue exertion.
The formation of methemoglobin by aliphatic nitrite interferes with oxyhemoglobin, causing anoxia of vital organs.
The use of volatile nitrites to enhance sexual performance and pleasure can result in syncope and death by cardiovascular collapse.
We speculate that these immunosuppressive effects, combined with the ability of nitrites to convert amines to nitrosamines, may be related to the development of opportunistic infections and Kaposi's sarcoma in homosexuals who use this agent." - in "Review of the Physiological Effects of Amyl, Butyl, and Isobutyl Nitrites". Clinical Toxicology, 1980.

"Functional deficits in lymphocyte interaction following occasional or chronic exposure to inhaled nitrites may be a potential contributing but not the [primary] etiologic factor in the acquired immunodeficiency syndrome (AIDS).

We evaluated the effect of amyl nitrite vapors on mononuclear cell function and demonstrated functional deficits and structural alterations in these cells. In this closed, in vitro system, exposure of cells to amyl nitrite for up to 30 minutes did not affect cell viability.

The functional deficits demonstrated were: inhibition of lymphocyte erythrocyte (E) rosette formation, a suppression of lymphocyte mitogen (phytohemagglutinin) and antigen (cytomegalovirus) transformation, a block in the S, G2 and M phases of cell cycling and diminished cell cytotoxicity to CMV infected cells.

These effects on cellular function were demonstrated following 5, 0, and 15 minutes of amyl nitrite vapor exposure; some effect on all cellular functions was demonstrated at 5 minutes.

The structural alterations seen on scanning and transmission electron micrographs were: reduction of filopodia, smoothing of the cell profile, cytoplasmic protrusions with pseudopod-like extensions, an increase in rough endoplasmic reticulum with swollen cisternae, alterations in size and distribution of golgi components and exocytotic vesicles in the outer membrane of the nuclear envelope.

These vesicles and increased membrane proliferation suggests an effect on the membrane synthesis mechanism in these cells.

These effects may be a potential factor in the alterations of phenotypic markers on T Lymphocyte populations, as well as, a potential contributing factor in the functional deficit of mononuclear cells in patients with AIDS." - in "Cellular Immunotoxicity of Amyl Nitrite", Journal of Toxicology - Clinical Toxicology, 1983.

"Amyl Nitrite and Kaposi's Sarcoma in Homosexual Men." - New England Journal of Medicine, 30 September 1982.

The authors give the chemical formula whereby amyl or butyl nitrites can form carcinogenic N-nitroso compounds in the body-compounds so deadly as to have "the capacity to induce cancer after only one dose".

> *"We therefore find it appropriate to suggest that amyl nitrite may cause Kaposi's sarcoma in homosexual men."*

"Acute Toxicology of Butyl Nitrite", Research Communications in Chemical Pathology and Pharmacology, 1979.

This paper discusses laboratory techniques for analyzing the various butyl nitrites.

Butyl nitrites were administered intravenously to mice, with liver damage and death resulting.

"Daily Amyl Nitrite Inhalation Decreases Mouse Splenocyte Response to Concanavalin A", Federation Proceedings 42, 5 March 1983.

> ***"These data suggest that nitrites may have a primary or contributory role in AIDS.***
> ***Toxicity, Immunosuppressive Effects and Carcinogenic Potential of Volatile Nitrites: Possible relationship to Kaposi's Sarcoma".*** *- Pharmacotherapy, September 1984.*

This article provides an overview of research demonstrating the adverse effects of poppers.

Especially useful for its chronological history of the abuse of nitrite inhalants as recreational drugs and for data on how deadly, cancer-causing N-Nitroso compounds are formed by an interaction of nitrites with any of a long list of common drugs and chemicals, including artificial sweeteners,

antihistamines, pain killers and methadone.

"We believe there are several compelling reasons for considering nitrite inhalation a possible causal factor for development of AIDS and KS/OI.

These are:

(a) volatile nitrites used as recreational drugs have been shown to be immunosuppressive both in vitro and in vivo;
(b) metabolic properties of N-nitroso compounds produce mutagens, teratogens, and carcinogens;
(c) of 290 N-nitroso compounds tested, 252 (87%) are carcinogenic;
(d) of 39 different animal species, none is known to be resistant;
(e) N-nitroso compounds are among the most highly potent chemical carcinogens for animals;
(f) their use is extremely common among male homosexuals;
(g) a definite dose-response relationship was shown by both Marmor et al. and us. The combination of cigarette smoking, marijuana use, and nitrite inhalation could predispose the lungs to opportunistic infections.

During the last 5 years, the problem of the correlation that exists between mutagenicity and carcinogenicity in chemical products has been studied with great attention.
The results of the experiments obtained up till now (about 90% of chemical carcinogens are mutagens) have revealed that an actual correspondence exists between the 2 properties.
The originality of our experiment is the presentation of alkylnitrites as a new class of chemical mutagenic agents and the importance of stressing the oncogenous risk linked to the use and abuse of amyl nitrites and isobutyl nitrites.
In particular, isobutyl nitrite has had a rapid and increasing

diffusion as a drug on the American market during the past 5 years.
In 1978, the companies manufacturing the chemical estimated that about 5 Million Americans used their product.
The accusation of mutagenicity of this compound urgently calls for a more thorough inquiry into the oncogenous risks to which millions of users of this drug may be exposed." - in "Risk Factor Analysis among Men Referred for Possible Acquired Immune Deficiency Syndrome", Preventive Medicine, January 1985.

"Common settings in which these agents are used include the bedroom, parties, backrooms of pornographic bookstores, pornographic theaters, bars, and dance floors.
Some users have told us that a few discotheques use special lighting effects to indicate that they are about to spray nitrite fumes over the dance floor.
The snorting of volatile liquid nitrites for hedonistic purposes has created a large business estimated to total $50 Million a year.
Sales have reportedly averaged 100,000 bottles a week in one city alone." -in "Popping and Snorting Volatile Nitrites: a Current Fad for Getting High", American Journal of Psychiatry, October 1978.

- in "Poppers & AIDS", revised and considerably expanded, prepared in collaboration with the Committee to Monitor Poppers, San Francisco, CA, 1986.

Study Confirms Poppers As AIDS Co-Factor

"Researchers at the National Jewish Center for Immunology and Respiratory Medicine in Denver have found evidence confirming long-held suspicions that isobutyl nitrite, a recreational drug widely used among gays, increases the risks associated with AIDS.

The scientists have shown that inhalation of isobutyl nitrite may further impair the body's ability to fight off infectious disease in individuals with the immune-system abnormalities characteristic of AIDS.

The drug, known as poppers, is sold as incense or a "room odorizer" but used as an aphrodisiac.

The studies involved a type of mouse, bred at the National Jewish center, that is born with AIDS-like immune deficiencies.

According to principal investigator Dr P.R.J. Gangadharam, after breathing isobutyl nitrite the animals became highly susceptible to disease and death caused by a group of organisms related to tuberculosis.

The infection is similar to one of the leading killers of people with AIDS.

Mice of the same breed which were exposed to the bacteria but not to the drug had lower illness and mortality rates.

The scientists also linked specific immune-system damage with isobutyl nitrite.

> *"The animals exposed to the compound had decreased numbers of lymphocytes and macrophages, blood cells that are important in defending the body against infections."- Gangadharam*

The researchers now are working to describe more precisely the drug's immunologic effects.

Use of isobutyl nitrite and of the similar compound amyl nitrite has been considered a possible AIDS risk factor since the disease was first identified in 1981.

The drugs, have been readily available and commonly used in the gay community for the past 15 years.

Although the primary causative agent in AIDS has been identified by U.S. and French scientists as the leukemia virus HTLV-III (LAV), there is evidence that not all people exposed to this organism develop the disease.

Some experts estimate that as few as 10% become ill.

> ***"This makes it very important to investigate other possible contributing factors.***
> ***We believe our findings establish that inhaling isobutyl nitrite should be considered dangerous to homosexuals and others at high risk for developing AIDS."*** *- Dr. Gangadharam*

Co-investigators with Gangadharam were V.K. Perumal, B.T. Jairam, and A.K.C. Nguyen. The research was funded under a $230,000 grant from the National Institutes of Health". - in "Bay Area Reporter", Page 11, 19 September 1985.

The Use of Recreational/Aphrodisiac Drugs

Thus the widespread use of recreational/aphrodisiac drugs by a minority of male homosexuals explains why among the sexes male homosexuals have formed an AIDS "risk group".

An additional reason is the unfortunate widespread prescription to "HIV-positives" of inevitably toxic "anti-HIV" drugs like the DNA chain-terminator AZT.

The Fear Factor of "Acquired Immune Deficiency Syndrome" (AIDS) - 1983

"The acquired immune deficiency syndrome (AIDS) is characterized by a severe and apparently irreversible acquired defect in cell-mediated immunity that predisposes the host to severe opportunistic infections and/or unusual neoplasms such as Kaposi's sarcoma.

It has attracted an extraordinary amount of attention, interest, and concern in the medical community as well as among the general public.

Indeed, the concern is justified, since we are witnessing at the present time the evolution of a new disease process of unknown etiology with a mortality of at least 50% and possibly as high as 75% to 100% and with a doubling of the number of patients afflicted every 6 months." - Dr Anthony Fauci, MD, in "The Acquired Immune Deficiency Syndrome: The Ever-Broadening Clinical Spectrum", JAMA, 6 May 1983.

AIDS & AZT

"In January 1987, inside the monstrous FDA building, a panel of 11 top AIDS doctors pondered a very difficult decision.

They had been asked by the FDA to consider giving lightning-quick approval to a highly toxic drug about which there was very little information.

Clinically called Zidovudine, but nicknamed AZT after its component.

It had been developed a quarter of a century earlier as a cancer chemotherapy, but was shelved and forgotten because it was so toxic, very expensive to produce, and totally ineffective against cancer.

Evidence of the cold-bloodedness of the AIDS establishment pushing a drug that was worse than the disease, and killed faster than the natural progression of AIDS left untreated.

AZT had been an abandoned cancer drug, discarded because of it's fatal toxicity, Resurrected in the cynical belief that AIDS patients were going to die anyway.

it was insanely profitable for its maker, Burroughs Wellcome.

It was a tragically perfect storm of windfall profits, something to pacify AIDS activists and the media, and a convenient boom to the patent holders for HIV testing.

On the 17 August 1989, newspapers across America headlined that AZT had been "proven to be effective in HIV antibody-positive, asymptomatic, and early ARC patients," even though one of the panel's main concerns was that the drug should only be used in a last-case scenario for critically-ill AIDS patients, due to the drug's extreme toxicity.

Dr Anthony Fauci, head of the National Institutes of Health (NIH), was now pushing to expand prescription.

The beneficial effects of the drug had proven to be temporary.

The toxicity, however, stayed the same.

Burroughs Wellcome stock went through the roof when the announcement was made.

At a price of $8,000 per patient, per year (not including blood-work and transfusions), AZT is the most expensive drug ever marketed.

Burroughs Wellcome's gross profits for next year are estimated at $230 Million.

Stock market analysts predict that Burroughs Wellcome may be selling as much as $2 Billion worth of AZT, under the brand name Retrovir, each year by the mid-1990s — matching Burroughs Wellcome's total sales for all its products last year.

> *"Does AZT do anything? Yes, it does. But the evidence that it does something against HIV is really not there."*

While it was always known that the drug was exceedingly toxic, the first study concluded that:

> *"the risk/benefit ratio was in favor of the patient."*

Bialy, who is also a molecular biologist, is horrified by the widespread use of AZT, not just because it is toxic, but because, he insists, the claims its widespread use are based upon are false.

> *"I can't see how this drug could be doing anything other than making people very sick", he says."*

The toxic effects of AZT, particularly bone marrow suppression and anemia, are so severe that up to 50% of all AIDS and ARC patients cannot tolerate it and have to be taken off it." - in "AIDS and the AZT Scandal: SPIN's 1989 Feature, 'Sins of Omission'", 5 October 2015.

Poisoning By Prescription

"In a major surprise about the treatment of the AIDS virus in children, the drug AZT, which is now the standard treatment, proved so ineffective in preventing disease progression that Federal health officials have halted part of a large study involving it ahead of schedule." *- in "Children's AIDS Study Finds AZT Ineffective", New York Times, 14 February 1995.*

"Owing to the early termination, only 15 patients (5% of the total) completed the full 24 weeks of treatment.

23 patients were treated for less than 4 weeks.

On the average, patients had received treatment for about 17 weeks at the time the study was aborted.

Instead of showing the percentages of patients in each group who experienced opportunistic infections during the 24 weeks, it became necessary to develop a projected probability of their experiencing opportunistic infections within 24 weeks.

This is analogous to estimating the probability of developing arthritis by the age of 70, using a sample in which only a few people had reached this age, and in which some were still teenagers.

The method used (Kaplan-Meier Product Limit Method) is a statistical attempt to estimate what results would have been if the study had not been terminated.

Like mopping up milk, it may be the best thing to do - but it would be better not to spill the milk." - in "Poison By Prescription The AZT Story", 1990.

FDA Documents Show Fraud In AZT Trials

"On 12 December 1991, I filed my request with the FDA's Freedom of Information Staff, asking for various documents pertaining to the multi-center Phase II AZT trials conducted in 1986.

I have finally obtained documents which describe in detail many acts of fraud committed in the conduct of the Phase II AZT Trials.

It was on the basis of the Phase II Trials that AZT was approved for marketing by the FDA in 1987.

The Phase II AZT trials were prematurely terminated in the fall of 1986, owing to what appeared to be a spectacular difference in death rates between the AZT and the placebo group.

Allegedly only 1 person in the AZT group died, as compared to 19 in the placebo group.

The trials were terminated "for ethical reasons", so that everyone in the study would have the opportunity to take the "life-extending" wonder drug.

As I have argued repeatedly since 1987, these mortality data cannot possibly be correct; not only are they in conflict with mortality data from other AZT studies, but from the standpoint of common sense, one cannot expect dramatic health benefits from a drug that is manifestly injurious to health." - in "The AIDS War", 1993.

"Doing Trials of AZT and individuals who are not far advanced in their illness.

Perhaps even more important is that we now have a commitment to have drug to do a study and individuals who are completely asymptomatic, in other words someone who's antibody positive has the virus but is completely well with regard to symptoms.

And the reason why it's important to do studies in those individuals, is because we know that in this country there are at least 1 Million and maybe 1 Million and a half individuals, who are in that category.

The FDA came out with the announcement that they're really going to be able to push drugs along much more quickly, what they've been doing with AIDS drugs is moving them along remarkably quickly, despite the criticisms about that." - Dr Anthony Fauci, MD in "FDA Approves Expanded Access to AZT", Lherer-MacNeil News Hour, 27 March 1987.

This Is the Goal

"Initial studies with AZT alone indicate that, when someone is without symptoms and have modest diminution of their immune function you could prolong the disease-free state by a finite period of time, a year, a year and a half, or what have you.

What we want to do is really prolong that, so by the middle or end of the 90's we'll be able to say, that we have AIDS from a therapeutic standpoint, that's really a manageable chronic disease this is the goal." - Dr Anthony Fauci, MD in "AIDS Vaccine Breakthrough", The MacNeil-Lehrer News Hour, 20 June 1990.

The WHO Global Programme of AIDS (GPA)

"Since the mid-1980s, WHO became gradually involved in working on Global Epidemic Challenges.

This was marked by WHO starting its work on HIV/AIDS.

The Global Programme of AIDS (GPA) was established in 1987 and in a very short span of time it became the best financed programme in WHO.

The programme was started with a budget of USD $5 Million, by 1989 it had a budget of USD $60 Million, funded by Donors and Bilateral Agencies from Developed Countries. The funding for this programme grew to such an extent that a WHO Trust Fund for the GPA ,was established to manage the donations.

In 1997 WHO identified more than 60 significant disease outbreaks of both classic as well as unfamiliar diseases.

Epidemics appeared in unexpected places e.g., diphtheria epidemic in Russia, cholera in Peru, bubonic plague in India, the Mad Cow Disease in the UK, Avian Influenza in Hong Kong, Ebola in Zaire (now Democratic Republic of Congo), etc.

These developments in the WHO made it a leading actor in the process of Development of Global Norms and initiatives for containment of the threat of infectious diseases. Scholars of Securitization of Global Health Observe that the consequence of this has been the development of international health cooperation mechanisms that **place western fears of an outbreak reaching them above the prevention of such outbreaks.**

The prioritization of containment of the international spread of an infectious disease implies that response efforts tend to lack sustained political commitment to address the complex underlying conditions that give rise to an infectious disease." - in "Leading and Coordinating Global Health: Strengthening the World Health Organization", South Centre, 13 February 2023.

Bill Gates & HIV/AIDS Business Plan

1999

"Bill Gates and his wife Melinda will announce tomorrow a $25 Million contribution to the International AIDS Vaccine Initiative (IAVI), the largest single philanthropic donation ever made to AIDS research." - in "Bill Gates Makes Major AIDS Donation", Science, 3 May 1999.

2002

Advances in Immunology That Will Come Out of the Work On AIDS Will Be Fantastic For AIDS And For Other Disease That Come Along

"The Foundation is trying to support various activities around AIDS as much as we can.

We've been very lucky in terms of building up a small but very effective staff.

We have Helene Gayle now who's **in charge of our different AIDS activities, and I'm very enthused about the partnerships we have and the things that are going on.**

And it's interesting to go back and look at some of the debates about whether Phase 3 Trials should be started for various things, and see that people at those times were saying, 5, 6 years ago that in only a few years, say, a Type Vaccine would be out in Phase 3 Trial.

And so in some ways it's a challenge of the science.

The challenge of the Epidemics are continually surprising us.

And certainly there's an area where the U.S. and others

could put their best foot forward and really show how they feel it could be by addressing **with action and resources, in a fairly dramatic way, the AIDS health issue and many others.**

As I was talking at the World Economic Forum (WEF) there is a number of other countries that are willing to step up what they give but it's tough for them politically because on really any measure that you use - per capita, per GDP - the U.S. is the least generous in some of these areas, so it's very tough for them to go in and say, "Okay, let's get up to 0.3% of GDP if the U.S. is going to stay down at something like 0.1%."

I think the advances in immunology that will come out of the work on AIDS will be fantastic for AIDS and for other disease that come along." - Bill Gates, co-chair, in "Retroviruses Conference", 24 February 2002.

> ***"Bill Gates courted controversy last week while mixing business with philanthropy and by publicly endorsing a US government report predicting an AIDS epidemic in India.***
> ***The report, issued by the US National Intelligence Council in September 2002, predicts that India will have 20–25 Million cases of HIV/AIDS by 2010 — the highest estimate for any country in the world."*** *- in "Philanthropist or commercial opportunist?", The Lancet, 23 November 2002.*

2015

"Bill Gates believes that a Vaccine and new intensive Drugs to combat HIV should be available by 2030 and end most new cases of the virus that has killed millions in the past three decades.

> *"We're pretty optimistic in this 15-year period we will get those two new tools" - Bill Gates*

Told the World Economic Forum (WEF) in Davos.

GlaxoSmithKline filed the world's first malaria vaccine for approval in July 2014." - in "Bill Gates predicts HIV Vaccine by 2030", Guardian, 24 January 2015.

2020

Bill Gates: How HIV/AIDS Prepared Us To Tackle COVID-19

"Bill Gates thinks lessons from the AIDS fight can help defeat COVID-19, in particular teaching us about building "large, fair, global distribution systems".

But he says AIDS treatment programmes can actually benefit too. ***"Better diagnostic tools are being developed to help identify these [coronavirus] infections.***

Investments are being made in libraries of antiviral drugs.

Also we're making great progress on vaccines." *- in "Bill Gates:* ***How HIV/AIDS prepared us to tackle COVID-19****", Global Health, World Economic Forum, 27 July 2020.*

The "Covid-19 Pandemic" I Thought This Is All Wrong Is Like HIV But On A Bigger Scale

"The whole AIDS construct is built on 3 Tests:

1. Antibody Tests (the alliance from western blot).
2. T cell counts.
3. PCR viral loads.

They're using the PCR as its own own "gold standard" basically. So, how can they confirm those diagnoses.

Then by May 2020 ("Covid-19 Pandemic"), I thought this is all wrong, this is absolutely, it's like HIV but it's on a bigger scale.

One of the documents that Zambon sent me, said that the World Health Organization (WHO) advised countries not to isolate the virus to develop a test, again it's just like HIV.

You've got this hypothetical construct that exists in some sort of algorithmic form, computer form, that's not actually based on virological work." - Dr Kevin Corbett, RN in "We're Falsifying The Hypothesis", 13 April 2022.

Dr Kevin Corbett worked as a Registered Nurse in the United Kingdom for most of his professional career in the National Health Service (NHS) dealing with AIDS patients.

He worked specifically in the hospital wards opened by Princess Diana dedicated to HIV patients in London, England.

> ***"The health sciences are now little more than Propaganda - based on current beliefs & symbols - whose aim is control.***
> ***Citizen Science is public participation in new scientific Frontiers by participatory research which advances understanding, especially in relation to debates excluded from mainstream Core science e.g. lack of proof for the existence of pathogenic viruses."*** *- Dr Kevin Corbett MSc PhD*

"HIV/AIDS" So-Called "Experts"

The first think that should come to ones mind is the word: Fraud & Deception!

Dr Anthony Fauci, MD

"Dr Anthony Fauci, MD has been thrust to the spotlight during the ongoing COVID-19 pandemic.

His scientific expertise and no-nonsense approach to the management and control of a global outbreak has proven essential.

He has become a source of key information, and a competent figure of hope as we have adjusted to the new reality in which we find ourselves.

In honor of World AIDS Day, in which we find ourselves in the midst of a third wave of COVID-19 in the US, we wanted to see if there were **others like Fauci: Infectious Disease Experts who have stepped into the fold during times of crisis (Covid-19) to apply their knowledge** in new ways to save lives.

Like Dr. Fauci, this is not their first time dealing with a novel infectious disease outbreak. Each of these doctors is also well established in confronting the emergence of HIV, beginning in the 80's and 90's.

They have turned their insights and learnings from that national emergency and applied it to COVID-19.

Below, you'll meet 12 infectious disease specialists from 4 hubs of progressive medical research across the U.S." - in "Meet 12 Elite HIV Experts on the Front Lines of COVID-19", MediFind, 2023.

"As a physician with the National Institutes of Health (NIH), Fauci has served the American public health sector for more than 50 years and has acted as an advisor to every U.S. president since Ronald Reagan.

During his time as director of the NIAID, he made contributions to HIV/AIDS research and other immunodeficiency diseases, both as a research scientist and as the head of the NIAID.

From 1983 to 2002, Fauci was one of the world's most frequently cited scientists across all scientific journals." - in "Wikipedia", 1 June 2023.

Dr Rochelle Walensky, MD

"Walensky, expert on AIDS and HIV, will be tasked with rebuilding a critical health agency that has been sidelined by the Trump administration amid a Pandemic.

Walensky will replace Robert Redfield, who assumed the role of director in March 2018, and take a top role in helping the Biden administration curtail the Coronavirus Pandemic." - in "To rebuild CDC, Biden picks Rochelle Walensky", Politico, 6 December 2020.

"Dr. Walensky's research interests focus on model-based analyses of the cost-effectiveness of HIV testing, care, and prevention strategies to inform HIV/AIDS policy internationally and domestically.

Dr. Walensky serves as Chair of the Office of AIDS Research Advisory Council (NIH) and as a member of the US Department of Health and Human Services Panel on Antiretroviral Guidelines for Adults and Adolescents." - in "Meet 12 Elite HIV Experts on the Front Lines of COVID-19", MediFind, 2023.

Dr Rajesh T. Gandhi, MD

"Dr. Gandhi is the site leader of the MGH AIDS Clinical Research Site in the Harvard/Miriam AIDS Clinical Trials Unit and chair of the AIDS Clinical Trials Group (ACTG) HIV Reservoirs and Eradication Transformative Science Group.

He is also the Director of the Harvard University Center for AIDS Research Clinical Core (CFAR).

He is also a Deputy Editor of NEJM Journal Watch Infectious Diseases and NEJM Journal Watch HIV/AIDS." - in "Meet 12 Elite HIV Experts on the Front Lines of COVID-19", MediFind, 2023.

Dr Dan H. Barouch, MD

"Dr. Dan H. Barouch is Director of the Center for Virology and Vaccine Research at Beth Israel Deaconess Medical Center and Professor of Medicine at Harvard Medical School.

In addition, he is a key part of the Bill & Melinda Gates Foundation Collaboration for AIDS Vaccine Discovery, the National Institutes of Health Martin Delaney HIV-1 Cure Collaboratory, and the Ragon Institute of MGH, MIT, and Harvard, received his Ph.D. in immunology from Oxford University.

Dr Barouch's laboratory focuses on studying the immunology and virology of HIV-1 infection and developing novel vaccine and cure strategies.

He and his team have explored a series of novel vaccine technologies, and he is also working on strategies to address other global infectious diseases.

He has also applied his vaccine expertise to other infectious diseases such as Zika virus and tuberculosis.

Also led the world's first demonstration of Zika vaccine protection in preclinical studies and has launched a series of phase 1 Zika vaccine clinical trials." - in "Meet 12 Elite HIV Experts on the Front Lines of COVID-19", MediFind, 2023.

Dr Carlos C. del Rio, MD

"Dr. del Rio is a native of Mexico, He did his Internal Medicine and Infectious Diseases residencies at Emory University.

In 1989 he returned to Mexico where he was Executive Director of the National AIDS Council of Mexico (CONASIDA, the Federal agency of the Mexican Government responsible for AIDS Policy throughout Mexico), from 1992 through 1996.

Dr. del Rio was Chief of the Emory Medical Service at Grady Memorial Hospital from 2001 – 2009 and Chair of the Department of Global Health from 2009 – 2019.

He has also worked on emerging infections such as pandemic influenza and was a member of the WHO Influenza A(H1N1) Clinical Advisory Group and of the CDC Influenza A(H1N1) Task Force during the 2009 pandemic.

Chair of the PEPFAR Scientific Advisory Board.

Chief Section Editor for HIV/AIDS for NEJM Journal Watch Infectious Diseases, Associate Editor for Clinical Infectious Diseases and member of the editorial board of Journal of AIDS and Global Public Health." - in "Meet 12 Elite HIV Experts on the Front Lines of COVID-19", MediFind, 2023.

Dr Monica Gandhi, MD

"Dr. Gandhi co-directed the "Communicable Diseases of Global Health Importance" course in the Global Health Sciences Masters program from 2008-2015, and serves as the overall Education Director of the HIV, ID and Global Medicine Division.

Served as the principal investigator of an R24 mentoring grant from the NIH focused on nurturing early career investigators of diversity in HIV research, is the co-Director for the Center for AIDS Research (CFAR).

Directs the HIV/ID Consult Service at San Francisco General Hospital (SFGH)." - in "Meet 12 Elite HIV Experts on the Front Lines of COVID-19", MediFind, 2023.

Dr Josiah D. Rich, MD

"He is also a Co-Founder of the nationwide Centers for AIDS Research (CFAR) collaboration in HIV in corrections (CFAR/CHIC) initiative." - in "Meet 12 Elite HIV Experts on the Front Lines of COVID-19", MediFind, 2023.

Dr Timothy P. Flanigan, MD

"Director of The Miriam/Brown Fogarty Program which trains and mentors overseas investigators in HIV/AIDS.

In 2014 he spent 2 months in Liberia training health care workers to maintain safety in the face of the Ebola epidemic and to reopen St. Joseph's Hospital.

More recently, he has initiated research projects in the area of Lyme Disease and Tickborne Illnesses." - in "Meet 12 Elite HIV Experts on the Front Lines of COVID-19", MediFind, 2023.

A Cure For HIV/AIDS Not In The Horizon - 2019

"Dr Anthony Fauci, MD one of the nation's top HIV/AIDS doctors, cautioned that the highly publicized case of the so-called London Patient — the second person in the world confirmed to be cured of HIV infection — does not mean a widely available cure is on the horizon anytime soon" - in "Top HIV doctor says 'London Patient' cure 'too risky' to be feasible treatment", NBC, 5 March 2019.

What A Load Of Malarkey!

So the "Experts" on HIV/AIDS cannot find a cure for the "HIV/AIDS" "Virus" since 1981, but in just a couple of weeks, the "Experts" in "Virology" found a "Cure", a "Vaccine" for the "Covid-19" "Virus"!

What A Load Of Malarkey!

HIV & PCR – Farce

"The question is if HIV have been, or has been ever isolated?

And the clear answer is No.

We have to go back in the history of Virology to the Year 1970, where the activity of a certain enzyme, reverse transcriptase, was believed as a proof of the existence of a new type of Viruses, the retroviruses.

It soon turned out to be wrong, because the activity of this enzyme can be found in all human beings, in all mammals, in all plants.

So this working hypothesis proved wrong.

They may detect a certain protein of a given size saying well this is part of HIV.

They will find stretches of genetic material, amplified PCR, saying well this is part of HIV, and this is absolutely wrong.

What they sold the world as being "viral particles", are not "viral particles".

The latest issue of "Scientific American" you will find on page 50, the explanation of what they are showing us:"cellular particles for export and import of proteins and other materials produced by certain cells."

They look exactly the same as what is being presented as HIV. On the molecular level they detect HIV only by an indirect means whereby the claim that if you have antibodies against some protein then you are positive.

But it is a clear circular argument because they have no original proteins from the blood but only those from their mixture of blood with the elements they themselves decided to include!

Then they use the proteins they isolated under certain "difficult" conditions from their mixture in order to claim that these are HIV specific proteins, and if they are found in the blood of a person who has produced such proteins by going through stressful situations then he is considered to be HIV positive.

Then they come up with a positive HIV test.

how is it possible that there are so many papers that have the word isolation of HIV in the title, if it's never been achieved.

I think this is just a central dogma, in this kind of science for example, if you just look in such books around retroviral testing, or testing for for HIV, you find the central dogma in the way.

Beginning just saying "retroviruses are the cause of considerable human morbidity and mortality, essentials for quality control and laboratory diagnosis", and you will find no single reference, even where the proteins, the antigens used in all those tests were isolated from.

You see this is the hidden agenda, they say in their mixture what they are doing, this business in the lab, that they create "viruses", and wild routines. And this is a case of self-deception at least.

And deception in case of all other scientists, who were supplied by cloned genetic structure said to represent parts of the HIV genome, working with this.

And believing that the original isolation has been performed in a proper way, so all science, was based on unfaith and trusting in inside techniques applied by other people.

And they never had done it.

You find the word control, you don't find in those literature, to mention that you did a parallel isolation attempt.

The uninfected material, you don't find this.

It's just a matter of belief, and of course they can for years, and decades go on:

"Well the virus exists but it's hard as well, we have another model, and now we find it everywhere using PCR techniques", but this is either self deception, or a bloody lie.

People like to explain complicated sicknesses involving many factors in easy or simple terms like bacteria and viruses infecting the body.

I think it's irresponsible after 20 years of Virology, just to come up with new techniques, with new methods, and to say this is the final proof of a virus.

You just come up with a stretch of genetic material, which you say it represents the viral genetic material, and you pour it onto cells, and you re-redact it, and then you'd say: "look it's there".

And because I can re-redact it, or re-isolate it, what I put in before ,then that is the proof of a virus.

This is just a stupid circular argument, it's incredible.

And I think here, the joking, and the scientific pseudo science should stop, because think of the fear, and what such test, positive tests, what such results mean for those people.

Everything is possible, unless we allow them to make some claims, and if you allow them to make such claims without having a proof for it, and we have to open our eyes and ears and our brains to see where the circular arguments.

The question about vaccines look if there is no virus, and if they can only detect by indirect means the presence of some proteins, said to be specific for HIV.

But expressed only under severe stress conditions than to vaccinate it means to make the thing worse. All diseases finished or went down long before vaccination was applied.

If we have false negatives, what about the false positives?

And here you see the central dogma.

If they want to have a positive - this is their Dogma - they say: "The virus is somewhere."

And that's just an act of definition, finding antibodies, testing positive, you are positive. You are going to die.

You often hear people talk about PCR virus, what is the difference between, a so-called retrovised PCR for RNA, PCR for DNA.

You are positive in a PCR test, and if you take the starter molecules, which are always needed in PCR to test them positive, with their structures of RNA, if you take the same stretches of course as they do in testing somebody Negative, they are not doing it with the RNA but with the DNA and the secret in here, is that those stretches won't fit to the DNA.

Because when RNA is produced the genetic information is slightly changed, and it's not, it does not look like the same, like on a molecular on the chromosomal level, on the DNA level and this is the trick, behind this PCR testing.

The question is that when antibody tests are not specific, because there is no wild isolation, or wild proteins.

Why not PCR testing is more accurate in principle, PCR is more sensitive but if you just detect proteins which your own body developed, or which received by blood donations, or using Factor VIII preparations.

The same applies of course for the PCR testing, they are using a technique to amplify sequences, which were inside your body, but only expressed under special conditions. And so the PCR testing is absolutely invalid." - Stefan Lanka, Continuum Magazin, Interview in London, 1996.

Dr. Stefan Lanka, virologist and molecular biologist. Internationally, known a "genetic engineering dissident", who, since 1994, has questioned the mere existence of HIV.

In recent years, he was also shocked by a breathtaking fact: None of the Medical Trade "Viruses" have even been isolated, and there is no evidence what so ever, on their existence.

> ***"If I wanted to pick out the one cell, that if I damage that cell I would do the most damage to the immune system, I as an immunologist would pick out the T4 cell."*** *- Dr Anthony Fauci, MD, in "AIDS: Acquired Immunodeficiency Syndrome", Medicine for the Layman Series at the NIH, 1984.*

The Story Behind The South Africa HIV/AIDS Pandemic Farce

"Question: I remember back in the 80's to be my first bit of public propaganda and it was this big advert on TV and there was this Tombstone.

I don't know if you have the theme in South Africa, you have this Tombstone and it said "Don't Die Of Ignorance", and then the Tombstone fell down, it was a big sort of gray and very morbid thing.

Anthony Brink: After to the first election in 1994, pretty quickly afterwards the country was seized by this hysterical notion, that there was a brand new sexually transmitted disease a foot.

But curious enough we'd heard nothing about it really before 1994, before the election, and suddenly it got saturation newspaper coverage.

It was all the rage, and one, for the time there was a social worker very concerned, involved with orphans and foster care.

She was regaling me with her stories, the information she was picking up from her colleagues, soon we'll be stepping over bodies in the streets and there'll be these feral orphans running around the cities.

The country was headed for this massive demographic collapse, and I bought into it.

It's all very interesting, and very exciting, I mean, there's nothing more kind of persuasive than a really stupid idea, think about it historically.

And I recall sharing this with my legal colleagues in the Bar Common Room, and everybody was wide-eyed, and really interested, and then on the last Sunday night of September 1996, I stumbled on an archive of dissident writing scientific papers.

And writing by lay Authors, Journalists and historians, a top Lawyer, Professor of Law Phillip E. Johnson, and it was just something about this thing, that caught my interest, and within an hour and a half everything I thought I knew collapsed.

And more than that, **I had the sense that what I appreciated, that Government Policy was based on Scientific Nonsense.**

We were in the Grip of a Delusion, and a Mass Hysterical Epidemic.

That's all very well, people can believe all sorts of Foolish Things.

But at the same time **the New Government in power, Vulnerable Government, Inexperienced Government, was under immense pressure, from the then biggest Drug Corporation in the world GlaxoSmithKline, and all its assets in the media, and in NGOs, and the like.**

The massive pressure to buy a Medicine, a Drug, a Chemical, sold as a Medicine, Zidovudine (AZT).

This Drug was being marketed to the South African Government, and **the Government was under heavy pressure to spend Billions of its National Health budget.**

It was being sold to the Government to provide pregnant African woman who had been Diagnosed HIV positive, and it was claimed that this drug given to pregnant African woman, expectant mothers would save their babies from being infected by this terrible new sex virus called HIV, and everybody everybody would be smiling.

The Drug Company would be rubbing his hands together all the time, and little babies would be saved. It was a lovely story.

Trouble is, I looking at this writing, I just chanced upon, I quickly understood that **this chemical AZT marketing just antiretroviral, was both deadly poisonous, and completely useless. Deadly poisonous, because it had actually been invented as a cell poison**, imagine that, it had been invented in 1961 by Professor Dr Richard E. Beltz, who I track down, and who endorsed what I did later.

I must tell you so, right from the horse's mouth.

He synthesized this drug as an experimental cell poison for possible application as a new Chemotherapy.

Because our idea of Chemotherapies it poisons, literally poisons the cancer cells, and the idea is because these cancer cells are alleged to be growing, multiplying faster than ordinary healthy cells, then the cells will be killed off more quickly than healthy cells. So, it kills the cancer before it kills you, that's the idea. The point is that the drug, he tried it out, did some experiments and he shoved it.

And it was then picked up again by Jerome Horwitz of the Barbara Ann Karmanos Cancer Institute and Wayne State University School of Medicine synthesized AZT in 1964 under a US National Institutes of Health (NIH) grant.

And again he fiddled around to published the first paper, on this drug which is why he's wrongly credited with first synthesizing it. Again he shelled it, and then in 1996 it got hauled off the shelf of assorted Orphan Drugs, Orphan Drugs meaning chemical compounds which had found no application in Medicine.

And it was put to test as a possible AIDS Drug, it was rushed through licensing, in circumstances which can only be described as fraudulent. It was fraudulently rushed the market and also the story we've had invented and for why, and my correspondence with Beltz is recorded in an essay I wrote called "Inventing AZT".

> ***"You are justified in sounding a warning against the long-term therapeutic use of AZT, or its use in pregnant women, because of its demonstrated toxicity and side effects. Unfortunately, the devastating effects of AZT emerged only after the final level of experiments were well underway, that is, the experiments which consisted of giving AZT to large numbers of human patients over a long period of time. Your effort is a worthy one. I hope you succeed in convincing your government not to make AZT available."*** *- Professor Dr Richard E. Beltz, 11 May 2000.*

This is like a nightmare scenario, that everybody was enthusiastically rooting for this drug, and government was being pressed to buy it.

But this is like pure poison, it's like you've got a bit of a headache, well here have a dumb dumb bullet, or here have a guillotine.

It was lunacy, and it was horrific, it was like a horrible corporate crime about to be committed on our country against our country.

The kind of background I've got, and for a number of reasons everything sort of came together, I just thought, I've got to do something about this here!

I am practising law on this small City Pietermaritzburg I don't have connections, I have no way of getting this out. So, I thought well, what to do?

Let me win the interest of our country's top and vertical journalist, which I did.

Martin Wilson equivalent equivalent of your "Private Eye", (UK News Publication).

But, basically I wrote up the trouble with ZDT, and it was initially published in a local newspaper, and it ended up published in the Citizen and then a country's top AIDS Treatment Experts, purported to respond, his answer was really pathetic.

And then I replied, and then I sent the debate up, amplified I should say. Because just then, it was like this the skies opened, and then like a thunder like a real um downpour of scientific papers, were being published in the Medical and Scientific press.

So, I expanded the original writing, amplified it, and sent the whole deal up to government.

It was acknowledge, and the special advisor to the minister of Health City, quite clearly knew more about this drug than anybody else in the country, which is true.

And the Government's about to change, with Mandela going out and Mbeki coming in, so maybe change the camera, which he did so it was the right thing to do, to hang on for a month or two.

But then he passed it on to the Minister of Health, and it

got to Mbeki, and on the 28 of October 1999, Thabo Mbeki stood up in the National Council of Provinces, which is our second chamber of Parliament, and he said:

> ***"It has been brought to our attention, that there's a large volume of scientific evidence, that the Drug AZT is a danger to human health and would be grossly irresponsible where our government to disregard the dire warnings these researchers have been making."*** *- Thabo Mbeki, President of South Africa*

And he said; "there's also some litigation pending", which I also brought his attention. And I knew in a flash just come through the radio that I'd reached him.

It was amazing the art of the possible, and the next day the Director General in the presidency phoned me for more information, and I was contacted by the Secretary General of the ANC, and was asked to draw the African National Congress the party in power, to draw the government's press release.

And that was the start of it really, it was an amazing explosion all around me. And the next thing this was all over the newspapers, and I had journalists from all over the world literally sort of flooding into my house with cameras and microphones.

The Perth Group is an association of scientists supporting the recently late Biophysicist Eleni Papadopulos-Eleopulos, who was based at the Royal Perth Hospital in Perth Western Australia.

It was although genius all her writing, all her research, but supported by John Papadimitriou, Professor of Pathology, Dr Valendar F. Turner, Emergency Physician, and others from around the world.

So the Perth group was really a support group, it was Eleni Papadopulos-Eleopulos, and her scientific and medical supporters. The internet archive that I'd stumbled across by chance, it was a website called virusmyth.com, run by a Dutch, the late Robert Laarhoven, who I met, I travelled to see him, a genius actually.

And the Perth Group's material was there.

So was the material of Peter Duesberg, Professor of Molecular Biology at University of California Berkeley, and a member of the U.S. United States National Academy of Science, and he's generally regarded as the original dissident, because he's best known.

Thabo Mbeki was still a firm believer in the HIV Theory of AIDS, it came out in a statement in Parliament, but at the same time that I'd sent up to government which reached him, sent up my stuff on AZT.

Anita Allen, a journalist in Johannesburg had faxed a lot of dissident materials, from the same site, and similar to the presidency, and Mbeki got it, read it, and met her on the spot.

And in short order, Mbeki belief in the HIV Theory of AIDS, the HIV AIDS Model lapsed collapsed.

And he decided to settle the matter, because there was indeed controversy, he pointed up the existence of a controversy of about which most people were oblivious.

So he thought, he's going to ventilate this now, by convening an International Panel of Orthodox and Dissident Scientists Doctors and a few other players.

And this was the famous Mbeki convened International AIDS Advisory Panel.

Two meetings were held in early 2000, and then July 2000.

Then President Mbeki went to America, and it's on the record, it's in Frank Chikane book (Eight Days in September: The Removal of Thabo Mbeki, 2012).

It was made blunter, on his visit to America, he needs to back off this thing.

Because the forces that he'd taken on, were so powerful, but they were potentially dangerous.

I'm not saying he backed out of cowardice, not at all, about the balance of forces were such that, he just couldn't hold the course, and then the party, not all of whom, whose members that come round, I mean at leadership level, some were still hold out, some still believe the usual nonsense.

The party prevailed on him to back off, for the defence, to keep the party's eye on what is considered more immediate socio-economic transformation goals. Mbeki never came around, he never said OK, I'm so sorry, I was wrong.

It's all on my website tig.org.za." - Anthony Brink, Advocate of the High Court of South Africa, Former Prosecutor, District & Regional Magistrate, Civil Magistrate, National Chairman Treatment Information Group, in "No Virus - A Battle That Started Before Our Time, Anthony Brink - A forgotten tale of the previous Global No Virus War", Dpl's Newsletter, 22 June 2023.

> ***"The failure of American AIDS to 'explode' into the general population led the authorities to look for the phenomenon elsewhere.*** *New AIDS cases in the U.S. began falling before the introduction of 'protease inhibitor' therapy, and from 1997 to 1998 dropped from about 60,000 to 48,000. Of teenagers diagnosed in 1998, only 68 were classified as 'heterosexual contact.' Among women, AIDS diagnoses fell from 13,000 in 1997 to 11,000 in 1998.* ***If the very high AIDS spending by the U.S. Government is to be sustained, the emergency would have to be drummed up elsewhere, so Africa beckoned."*** *- in "Inventing an Epidemic", The American Spectator, 2000.*

"In money terms, first there is the Pharmaceutical Industry.

If AIDS in Africa is now a national security threat, as President Clinton has declared, American money will be appropriated for the very expensive drugs to spend in Africa – Billions of dollars of potential profits.

If Washington doesn't appropriate funds, there's the fear that African nations might buy generic, foreign-made copies of U.S. drugs.

Then there is the Public Health Establishment.

More Billions can go for salaries, offices, staffing, travel and long reports.

The World Health Organisation (WHO) budget has skyrocketed along with African AIDS statistics.

Many Public Health Officials are well meaning, seeing AIDS fears as the only way to get money to help the misery afflicting so much of Africa.

In America, government AIDS money is spreading far and wide. Federal spending now tops $10 Billion and is increasing yearly even as case loads fall." - in "AIDS Hype in Africa? No HIV Test Required, Disease Defined Differently Than in U.S.", 30 April 2000.

> ***"As my journey through the Pharmaceutical jungle progressed (in which a number of people were murdered, others killed with Experimental Drugs, and Governments and Universities corrupted),*** *I came to realise that, by comparison with the reality, my story was as tame as a holiday postcard." - John le Carre, in "The Constant Gardener", 2001.*

Leading Scientist On The AIDS/HIV Farce

"HIV is an ordinary retrovirus.

There is nothing about this virus that is unique.

Everything that is discovered about HIV has an analogue in other retroviruses that don't cause AIDS.

HIV only contains a very small piece of genetic information.

There's no way it can do all these elaborate things they say it does." - Dr. Harvey Bialy, Molecular Biologist, former editor of Bio/Technology and Nature Biotechnology, in "Spin", June 1992.

> ***"AIDS is a behavioural disease.***
> ***It is multifactorial, brought on by several simultaneous strains on the immune system - drugs, pharmaceutical and recreational, sexually transmitted diseases, multiple viral infections."*** *- Dr Gordon Stewart, Emeritus Professor of Public Health, University of Glasgow, in "Spin", June 1992.*

"The marketing of HIV, through Press Releases and statements, as a killer Virus causing AIDS, without the need for any other factors, **has so distorted research and treatment that it may have caused thousands of people to suffer and die."** - Dr Joseph Sonnabend, New York Physician, founder of the American Foundation for AIDS Research, in "Sunday Times", London, 17 May 1992.

> ***"If there is evidence that HIV causes AIDS, there should be scientific documents which either singly or collectively demonstrate that fact, at least with a high probability.***
> ***There is no such document."*** *- Dr Kary Mullis, Biochemist, 1993 Nobel Prize for Chemistry, in "Sunday Times", London, 28 November 1993.*

"It is not proven, that AIDS is caused by HIV infection. Nor is it proven that it plays no role whatever in the syndrome." - Dr Harry Rubin, Professor of Molecular and Cell Biology, University of California at Berkeley, in "Sunday Times", London, 3 April 1994.

> *"Unfortunately, an* ***AIDS "establishment", seems to have formed that intends to discourage challenges to the dogma on one side, and often insists on following discredited ideas on the other."*** *- Dr Roger Cunningham, Immunologist, Microbiologist, Director of the Centre for Immunology at the State University of New York, in "Sunday Times", London, 3 April 1994.*

"The sentence of death, accompanying the Medical Diagnosis of AIDS should be abolished." - Dr Alfred Hässig, former Professor of Immunology at the University of Bern, and director Swiss Red Cross blood banks, in "Sunday Times", London, 3 April 1994.

"The HIV-causes-AIDS dogma represents the grandest, and perhaps the most morally destructive fraud that has ever been perpetrated on young men and women of the Western world." *- Dr. Charles Thomas, former Professor of Biochemistry, Harvard and John Hopkins Universities, in "Sunday Times", London, 3 April 1994.*

"The HIV hypothesis ranks with the "bad air" theory for malaria and the "bacterial infection" theory of beriberi and pellagra (which is caused by Nutritional Deficiencies). It is a Hoax, that became a Scam." - Dr Bernard Forscher, former editor U.S. Proceeding of the National Academy of Sciences, in "Sunday Times", London, 3 April 1994.

"I do not regard the causal relationship between HIV and any disease as settled.
I have seen considerable evidence that highly improper statistics concerning HIV and AIDS have been passed off as Science, and that top members of the Scientific Establishment have carelessly, if not irresponsible, joined the Media in spreading Misinformation about the nature of AIDS." *- Dr Serge Lang, Professor of Mathematics, Yale University, in "Yale Scientific", Fall 1994.*

"In the old days it was required that a scientist address the possibilities of proving his hypothesis wrong as well as right.

Now there's none of that in standard HIV-AIDS program with all its Billions of Dollars." - Dr Richard Strohman, Emeritus Professor of Cell Biology at the University of California at Berkeley, in "Penthouse", April 1994.

> ***"Dominated by the Media, by special Pressure Groups ,and by the interests of several Pharmaceutical Companies, the AIDS Establishment efforts to control the disease, lost contact with open-minded, peer-reviewed medical science since the unproven HIV/AIDS hypothesis received 100% of the research funds while all other hypotheses were ignored."*** *- Dr. Etienne de Harven, Emeritus Professor of Pathology, University of Toronto, in "Reappraising AIDS", Nov./Dec. 1998.*

"Up to today, there is actually no single scientifically really convincing evidence for the existence of HIV.

Not even once such a retrovirus has been isolated and purified by the methods of classical virology." - Dr Heinz Ludwig Sänger, Emeritus Professor of Molecular Biology and Virology, Max-Planck-Institutes for Biochemy, München, Robert Koch Award 1978, in "Letter to Süddeutsche Zeitung", 2000.

> ***"I think Zidovudine (AZT),*** *was never really evaluated properly, and that its efficacy has never been proved.*
> ***But it's Toxicity certainly is important.***
> ***And I think, it has killed a lot of people.***
> ***Especially at the high doses.***
> *I personally think it not worth using alone or in combination at all." - Dr Andrew Herxheimer, Emeritus Professor of Pharmacology, UK Cochrane Centre, Oxford, in "Continuum", October 2000.*

Further Reading

1. "The Aids War: Propaganda, Profiteering and Genocide from the Medical-Industrial Complex", 1993.

2. "Cry, beloved country: How Africa became the victim of a non-existent epidemic of HIV/AIDS, AIDS: Virus- or Drug Induced?", 1996.

3. "A critical analysis of the HIV-T4-cell-AIDS hypothesis," Genetica, Volume 95 no. 1-3, 1995.

4. "Is HIV The Cause of AIDS?", interview with Eleni Papadopulos-Eleopulos, By Christine Johnson, Continuum Autumn, 1997.

5. "Inventing the AIDS Virus", 1996.

"The Main Factor in Medical Wisdom is Ignorance.
The Medical Trade, has the remarkable ability of seeing one thing, and stating the other.
This is probably the main characteristic, in the pathogenicity of medical thought". - Rui Alexandre Gabirro, Emunctologist

Chapter 6

The False Theory of Viruses

"We don't have a Health Care System, we have a Disease Care System." *- Dr Ed Lafleur, MD, in "A Better Way", Documentary, 2022.*

"We diagnose diseases, and we assign them a code, and for each diagnostic code there is a protocol. All of those treatments will generally be Pharmaceutical, because that's what is considered treatment." *- Dr Patrick Krupka, CFMP, in "A Better Way", Documentary, 2022.*

"The highly specialized, neurotropically fixed virus, which has been maintained in the past by intracerebral passage in rhesus monkeys, is more likely a laboratory artefact." *- Dr Claus W. Jungeblut, PhD, in "Journal of Pediatrics", July, 1950.*

"One of the landmarks in the study of infectious diseases was the development of the Henle-Koch postulates of causation. Drawn up for bacteria and protozoa, revised in 1937 by Rivers and in 1982 by Evans ***in attempts to accommodate the special problem of proving disease causation by viruses. The problem is still difficult, especially when viruses are considered as causative of chronic diseases (including several of the hepatitides), neoplastic diseases, and slowly progressive neurological diseases. Because most such diseases cannot be reproduced in experimental animals, virologists have had to evaluate causation indirectly via guilt by association."*** *- in "Fields Virology", 1996.*

Virus Theory Contradictions

Poliovirus "[I]nfectosomes have yet to be experimentally demonstrated." - Roland R. Rueckert, in "Infection: A Rare Event", Fields Virology.

"Eukaryote cells have a wide arsenal of activities to control the half-lives of mRNAs, and these nucleases have made it **difficult to isolate intact RNA viral genomes from cells**." - Ellen G. Strauss, et al in "Virus Evolution", Fields Virology, 1996.

"For every 200 or so virus particles that encounter a cell, **only 1 will successfully enter and replicate,** so research in **this area is often confounded by the rarity of successful entry."** - in "The Poliovirus Life Cycle", Polio Information Center Online, 22 December 2000.

"Viruses during retrograde transport on their way up to the cell bodies **have so far been localized ultrastructurally only in the case of herpes simplex and herpes virus suis.**" - Martin E. Schwab, Hans Thoenen, in "Encyclopedia of Neuroscience", 1987.

"The poliovirus has been electrophotographed in cell tissue. Due the lack of any photos of poliovirus as an infectosome, these photos should be interpreted as evidence of the cell's SOS response rather than of poliovirus causality.

Electrophotography has existed for several decades and has yet to photograph a poliovirus infectosome.

An infectosome is a "membrane-associated particle, which transfers genomic viral RNA through the membrane." - in Field's Virology, 1996.

"It seems likely that all viruses trace their origins to cellular genes and can be considered as pieces of rogue nucleic acids." - in "Encyclopedia Britannica", 1997.

"Most viruses we know today have probably evolved since the last ice age." - Ellen G. Strauss, et al, in "Virus Evolution", Fields Virology, 1996.

"Genetic information moves between viruses and their hosts to the point where definitions and classifications begin to blur." - in "Fields Virology", 1996.

"Carrel (1926) was able to produce tumors resembling Rous' sarcoma and transmissible by cell-free filtrates with indol, arsenic, or tar in chicken embryo.

Carrel's observations have been confirmed by other workers.

Fischer (1926), by treating cultures of normal cells with arsenic obtained on one occasion a filtrable virus capable of causing tumors." - Dr Ralph R. Scobey, MD, in "Poliomyeltis Caused by Exogenous Virus?", Science, 1954.

> *"The tubercle bacillus if conveniently debited with the high incidence of Tuberculosis among nurses in hospitals; thus exonerating* ***the bad food and unhealthy living conditions really responsible."*** *- Dr Ulric Williams, New Zealand*

"1 – The Biochemical composition of "Viruses", has not yet been determined outside of speculation.

2 – "Viruses" are not yet shown to be Replication-Competent.

3 – "Viruses" are not yet shown to be Infectious or Disease-Causing." - Dr Samantha Bailey, MD in "Shedding Stories", 13 June 2023.

"There is no question that coronavirus biology and ***virology in general are among the most tenuous fields in biology.***
Everyone involved has both exaggerated their ability to identify and study viruses.
It is in virologists best interests that we never figure out the extent of their exaggerations." *- Mary Holland, vice-chair of American Children's Health Defense, in "Share Scientific Evidence of Viruses?, Email to Christine Massey, M.Sc., 6 November 2022.*

For The Last 20 Years Virology Has Been An Indirect Study of Things We Can't Really Prove Are There

"For the last 20 years, Virology has been an Indirect Study of things we can't really prove are there." *- Dr Jonathan Jay Couey, Ph.D, Research Assistant Professor of Neurobiology, in "Office Hours: Christine Massey and the Centre for Research on Globalization", GigaohmBiological, Twitch, 20 December 2022.*

"The protocols killed about everybody.
It's hard for me to need any virus at all.
When you do the real math, and you say, take away all the explainable deaths first, very little left for a real virus to have done." - Dr Jonathan Jay Couey, Ph.D, Research Assistant Professor, Neurobiology, in "PCR working group recurring meeting", Zoom, April 2023.

"I have sent 216 Freedom of Information requests (FOI), over the last 3 years, to Health Departments, Health Ministries, Universities, and countless of research institutions around the world.

All, have replied the same:

"We Don't Have Any Records of the Covid-19 Virus Isolation."
"No Document is found at our Offices."
"No Document is found at our Institution."
"We Have No Record of SARS-COV-2 Isolation or Purification."

The World Health Organization (WHO) Failed to respond to my FOI query sent on the 22 February 2022, seeking any records that describe any alleged "SARS-COV-2" being found in the bodily fluid or tissue of anyone and purified, by anyone, anywhere, ever, in order for "it" to be Sequenced, Characterized and Studied, with Controlled Experiments." - Christine Massey, M.Sc., in "FOIs reveal that health/science institutions around the world (216 and counting!) have no record of SARS-COV-2 isolation/purification, anywhere, ever", 10 June 2023.

> ***"We find now, that modern unproven beliefs reach millions of people by Popular Magazines, Radio, and TV.***
> ***There is a danger that we may become the most superstitious population of all times.*** *- J. Warkany, 1972." - in "Products Liability Pharmaceutical Drug Cases", 1988.*

What Is A Virus? - July 2019

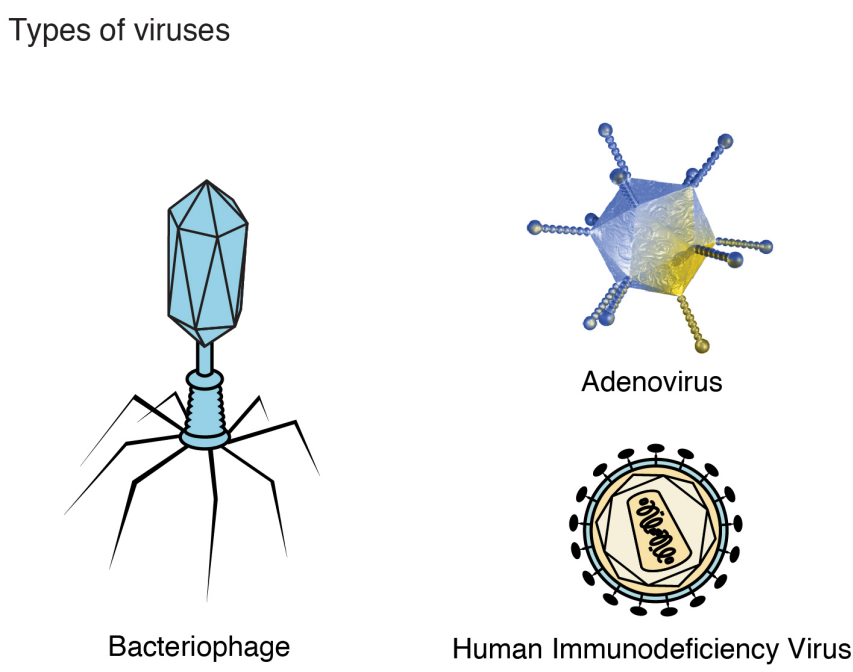


Image Source: "Genetics glossary, Virus",
National Genomic Research Institute, NHI, 8 July 2019
Note that the NHI only displays ***graphics of supposed "viruses"***

"A virus is an infectious agent that occupies a place near the boundary between the living and the non-living.

It is a particle much smaller than a bacterial cell, consisting of a small genome of either DNA or RNA surrounded by a protein coat. Viruses enter host cells and hijack the enzymes and materials of the host cells to make more copies of themselves.

Viruses cause a wide variety of diseases in plants and animals, including AIDS, measles, smallpox, and polio.

Viruses are submicroscopic, which means that you cannot see them in the microscope.

What's interesting about viruses is that they have 2 or 3 components.

Starting from the inside, you will have a nucleic acid, which can be either RNA or DNA, and in both cases the nucleic acid can be either single-stranded or double-stranded.

Then surrounding the nucleic acid will be a protein coat that's in the form of capsid, or little small units that are assembled in a certain way. That is what all viruses have.

Now, **some viruses will also have an envelope which they obtain as they emerge from the cell.**

Viruses are very interesting in that they can only survive inside a living cell.

So they must have a living cell in order to survive and replicate.

Antibiotics are not effective against viruses, but **vaccines are**, as well as some antivirals." - **in "Genetics glossary, Virus", National Genomic Research Institute, NHI, 8 July 2019.**

What Is A Virus? - July 2023

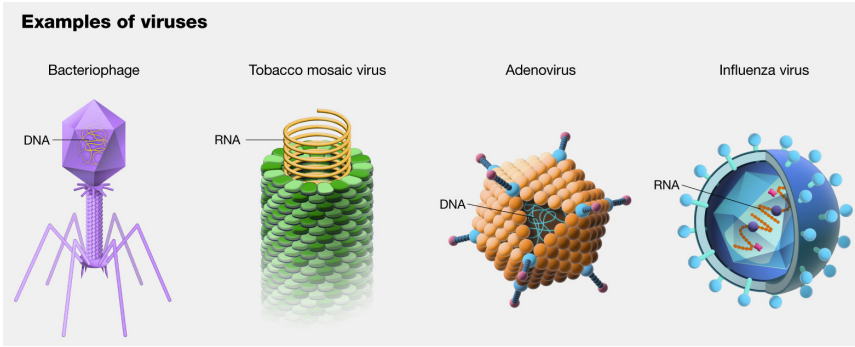


Image Source: "Genetics glossary, Virus", National Genomic Research Institute, NHI, 14 July 2023

"A virus is an infectious microbe consisting of a segment of nucleic acid (either DNA or RNA) surrounded by a protein coat.

A virus cannot replicate alone; instead, it must infect cells and use components of the host cell to make copies of itself.

Often, a virus ends up killing the host cell in the process, causing damage to the host organism.

Well-known examples of viruses causing human disease include AIDS, COVID-19, measles and smallpox.

Well, we all have learned a lot more about viruses in the last 2 years with the Covid-19 outbreak/global pandemic.

Viruses infect humans.

But, in fact, viruses infect many organisms, so you'll have viruses that infect fungi, viruses that infect bacteria, and we can learn a lot about how viruses maintain themselves by studying viruses that infect a whole host of species.

That really does help us to understand human disease.

But the viruses that infect humans are only a small fraction of the viruses that you find in the world.

The greatest abundance of viruses would be those that infect bacteria that are sometimes called phage.

And they have shared a lot of the same properties but they are much more abundant." - in "Genetics glossary, Virus", National Genomic Research Institute, NHI, 17 July 2023.

Please take a good look at both images of the selection of "viruses", which they placed in 2019 & 2023 to lustrate the the article, and look in particular at the "Human Immunodeficiency Virus" and at the image of the "Influenza Virus".

Bearing in mind that "Viruses" don't exist, and taking in to consideration that:

> ***"Viruses are submicroscopic, which means that you cannot see them in the microscope."*** *- in "Genetics glossary, Virus", National Genomic Research Institute, NHI, 8 July 2019.*

So, the question arises: Are the clowns at the NIH, using the end of their gastrointestinal system or their imagination, in order to "see" "viruses".

No Photos of "Viruses" But Plenty of Diagrams

"This book was produced with the collaboration of **several Major Scientific Publishers.**

Academic Press provided 64 Diagrams originating from its New York or London divisions.

This large number reflects the outstanding role of Academic Press as the publisher of Advances in Virus Research, Virology, and Journal of Molecular Biology.

The American Society for Microbiology, publisher of the Journal of Virology and many important books, provided 30 Diagrams.

Other major sources of diagrams were Springer-Verlag, Heidelberg and Vienna (25); Raven Press, New York (23); Jones and Bartlett, Boston (16); CRC Press (14); and the Amsterdam, Cambridge, and Paris divisions of Elsevier (10).

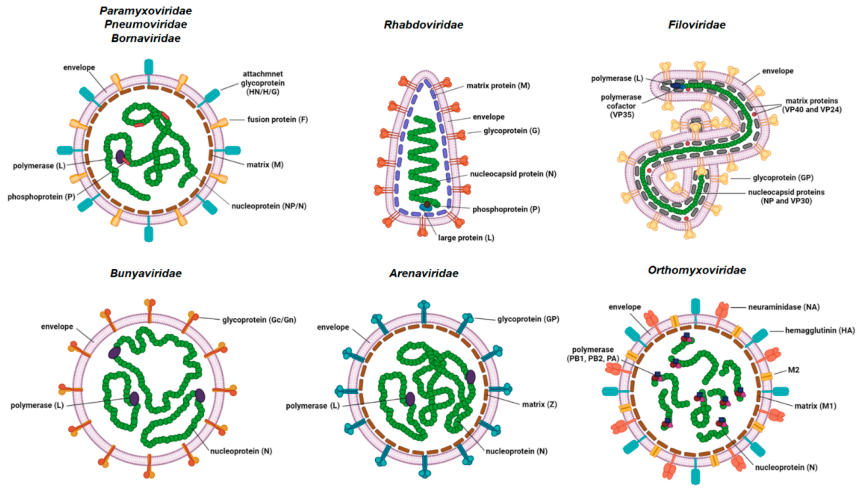
This book is a sequel to the Atlas of Virus Diagrams, published in 1995 and concerned with viral morphology.

Its aim is to assemble the many **diagrams of viral life cycles, particle assembly, and strategies of nucleic acid replication that are scattered over the literature.**

Virology makes extensive use of Diagrams to illustrate particle morphology and morphogenesis, viral genetic and replication cycles, epidemiology and replication of viral diseases, and virological techniques.

The Diagrams are followed by an extensive glossary, warranted by a profusion of new terms or alternative meanings.

Many frequently used terms, e.g., "capsid", "core", or "matrix", have acquired several meanings; even the now famous term "provirus" not only applies to the latent integrated DNA of retrovirus genomes, but is also used to designate immature virus particles. Many definitions in the glossary are taken or derived from the virological dictionary of Hull, Brown, and Payne and the recent Encyclopedia of Molecular Biology. Others have been devised by us." - in "Virus Life in Diagrams", 23 Jun 2021.



"Schematic representation of the virion structures of the negative-stranded RNA viruses. Structural proteins are shown. (created with BioRender.com, accessed on 21 December 2021)." - in "The Role of Nucleoprotein in Immunity to Human Negative-Stranded RNA Viruses—Not Just Another Brick in the Viral Nucleocapsid", Viruses, 2022.

"We Now See a Model of a Coronavirus! **We can also take any other "Virus" model, these now are all drawn, and all of this does not correspond to reality, none of it: neither "Fractions of Proteins" nor "Nucleic Acids", etc. These graphics give models that are not based upon reality, and I say it with knowledge of Biology.** One has also to understands that there is nothing like this in real Biology. Can the so-called Nucleic Acid of the genome of a "Virus", yes that's it The heart of the "virus" on it. **Very short bits, are Mathematically Calculated things, and presented to us as a whole, as a strand of genetic material that does not exist in reality**. And if you understand on the one hand, where these concepts come from, and why we as a culture believe in them, then we have the most important lever in our hands." - Dr Stefan Lanka, Biologist, [studied biology at the University of Konstanz, isolating the first "giant virus" from the sea, in the 5th semester, with a Doctoral Thesis on Virology], in "Die Biologie, wie sie nicht ist – Widerlegung der Genetik, Virologie und Zellenlehre", 21 January 2022.

The Hepatitis Virus Farce

"Though propagation of human hepatitis A virus has been claimed by several workers during the past several decades, these purported agents were found to be spurious isolates and not the virus of hepatitis A.

None of the animals with abnormal hepatic tests and/or with histological evidence of liver damage exhibited any signs of overt illness.

Results: In the sixth the inoculum had been shown not to cause hepatitis in human volunteers." - in "Propagation of human hepatitis A virus in cell cultures in vitro", Proceedings of the Society for Experimental Biology and Medicine, 1979.

"They all found low liver related morbidity and mortality rates, except in people who drink excessive alcohol.

We don't need a virus to explain this.

Going back to the roots of Hepatitis C we find Alter et al., in "The Lancet", 4 March 1978, that there was no transmissible agent found.

At one of the last Hepatitis C meetings in Paris M. Hougthon one of the co-discoverers of the sequences we call now Hepatitis C-virus, asked into the audience:

Who has ever seen the Hepatitis C-virus?

Answer: Nobody did." - Dr Claus Koehnlein, MD, in "Rapid response to: Clinical course of hepatitis C virus during the first decade of infection: cohort study", BMJ, 7 March 2002.

The Influenza Virus Farce

"There are 4 types of influenza viruses: A, B, C and D. Human influenza A and B viruses cause seasonal epidemics of disease (known as flu season) almost every winter in the United States. ***Influenza A viruses are the only influenza viruses known to cause flu pandemics, i.e., global epidemics of flu disease."*** *- in "Types of Influenza Viruses", Centers for Disease Control and Prevention (CDC), National Center for Immunization and Respiratory Diseases (NCIRD), 2 November 2021.*

The Influenza Bacillus Like Most Others Does Not flourish In An Alkaline Medium

"The Use of Alkalis in "Colds" is probably as Old as the Pyramids, and is the Common Method employed by at least the older Medical Men.
Dr Ely Is Right, I think, in emphasizing the Necessity of Administering Alkalis.
The influenza bacillus, like most others, does not flourish in an Alkaline Medium." *- Dr Anstruther Davidson, MD, in* ***"Alkalis in the Treatment of Influenza", JAMA, 9 November 1918.***

The Virus Becomes Non-Existent in The Summer

"Usually your flu season becomes virtually non-existent during the summer *but all through the summer we were seeing cases of H1N1 type illnesses. It is a pandemic flu." - Shanahan, Idaho Department of Health & Welfare, in "The Business of Flu", Idaho Business Review, 14 September 2009.*

If Only Because Laboratory Disease Is Not The Disease

"If diphtheria is a disease caused by a microorganism, 3 postulates will be respected.

Their satisfaction is essential to strictly demonstrate the parasitic nature of a pathology:

1. The organism must Always be Present in a characteristic form in the diseased tissues;
2. The organism must be Isolated, and Reproduced in pure culture;
3. The pure culture must be able to Induce the disease experimentally.

This formulation by Friedrich Löffler of the 3 Postulates attributed to Koch, because of his research on the etiology of tuberculosis is one of the indices of the change in the status of the Laboratory in Medicine in the second half of the 19th century.

The belief that benchtop manipulation by full-time bacteriologists of entities such as guinea pigs, petri dishes and broth cultures is the only way to trace the origin of disease is, however, except one obvious.

If only because laboratory disease is not hospital disease." - Gaudillière, Jean-Paul, in "La médecine au Laboratoire", La médecine et les sciences 2008.

> ***"He never fell into the error of regarding the walls of the Laboratory, as the natural boundaries of medical science or of believing that the general principles that applied within them were inapplicable in the world outside."*** *- in "Charles Cyril Okell", The Journal of Pathology, 1939.*

The Virus Theory Farce

"In the summer of 1935 Wendell Meredith Stanley of the **Rockefeller Institute for Medical Research** emerged as a major scientific celebrity.

Newspapers, Magazines, and Radio Broadcasts hailed his work as revolutionary, comparing him to Louis Pasteur, and **many scientists credited him with finding the key to the riddle of life.**

By successfully isolating the tobacco mosaic virus (TMV) in apparently pure crystalline state, Stanley seemed to have demonstrated that the mysterious submicroscopic organisms were protein molecules, or a special class of enzymes.

These crystalline molecules, which in the plant reproduced and mutated but in their inert state could be stored indefinitely on the laboratory shelf, became a symbolic victory for the proponents of the chemical view of life that had dominated research at the institute from the start.

His discovery, for which he received the 1946 Nobel Prize in chemistry, has also come to be viewed, with much justification, as **the symbolic beginning of molecular biology, having inspired several scientists to approach the gene on a molecular level-especially Max Delbruck, who went on to establish a research program in Viral Genetics.**

Yet Stanley's work was flawed by technical errors and misconceptions.

As several critics in the late 1930s pointed out, without receiving much attention, his virus sample contained water and impurities and thus was not a true crystal.

It also contained a significant fraction of nonprotein material-about 6% nucleic acid (RNA)-which Stanley had missed entirely, and which turned out to be the crucial component, the viral hereditary material.

Furthermore, **the property of self-replication in viruses was not based on enzyme action and crystal growth, as Stanley often claimed without adequate evidence**, but

turned out to be a direct consequence of the structure of nucleic acids.

How can we explain these technical and conceptual errors in the light of the international recognition bestowed on the young Stanley and his leadership in science?

To a large extent Stanley's rise to scientific acclaim after 1935 **reflected Intellectual Trends and Social Forces that had dominated the Scientific Enterprise in general, and the Biological Sciences in particular, since the 1920s.**

A close examination of Stanley's early career at the **Rockefeller Institute** reveals that **Stanley entered the virus field with few preconceived ideas but soon adopted the intellectual program and biases of the institute.**

Most of Stanley's physical theories of crystal growth in relation to enzymes and viruses had been derived from the aborted protein theories of the physicist Irving Langmuir, and **his later application of virus research to Genetics depended largely on concepts, some of them erroneous, suggested by H. J. Muller.**

The crystallization of TMV at the Rockefeller Institute presents therefore an opportunity for exploring one of the most striking aspects of molecular biology in the 1930s and 1940s - the dominance of **the protein view of viruses and genes before its displacement in the 1950s by explanations in terms of nucleic acids.**

The "revolutionary" discovery and its enthusiastic reception, when viewed in their historical context, reveal stronger ties to old concepts than to innovative ideas, thus highlighting the Important Connections Between:

Intellectual Developments, the
Politics of Laboratory Technology, and the
Social Dynamics of the International Scientific Community.

The directing force and the spirit of the enterprise was Simon Flexner, who with personal attention to every aspect of its operation had come to embody the institute.

His patriarchal leadership for over 30 years.

His administrative talents were matched by his scientific insights, which had led to major contributions to Bacteriology and Epidemiology.

It was Flexner's initiative and scientific foresight that led Stanley into research on plant viruses.

With the growing emphasis on the chemical approach to the study of microorganisms, Stanley's training was extremely valuable at the Rockefeller Institute.

The methods of chemical analysis were especially needed in the study of viruses,

the enigmatic submicroscopic organisms that could be Neither Isolated Nor Cultured By Any Bacteriological Technique.

In directing Stanley toward virus research, Flexner hoped that the new chemical methods of isolating and purifying biologically active substances would help solve the virus mystery, a problem that Flexner himself had investigated some years before.

In 1940, Stanley thanked Flexner for having guided his research course, acknowledging that he had always "held **[Flexner] responsible" for placing him in the virus field.**

"I shall never forget the occasion, when I was called into your office and asked if I'd like to go to Princeton and work on viruses-and my stumbling answer due to the fact that, **although I didn't know what a virus was, I did want to get out of New York and go to Princeton."**

The need for a physicochemical theory of heredity was especially well articulated by the flamboyant young psychophysicist from Harvard L. T. Troland.

In an influential article entitled "Biological Enigmas and the Theory of Enzyme Action", Troland lamented in 1917 that although several Mendelians had hinted that "unit characters" were enzymes, no worker in genetics, except Goldschmidt, had regarded that conception as important.

He urged geneticists to adopt the premise that Mendelian factors were autocatalytic enzymes, since that approach offered a single, synthetic solution to all biological enigmas:

the mysteries of the origins of living matter, viruses, the course of variations, the mechanisms of heredity and ontogeny, and general regulation.

Although nowhere in the report did Stanley actually claim that the isolated material was the virus itself, this was clearly implied."

- Lily E. Kay, Department of the History of Science, Johns Hopkins University, Baltimore, Maryland, in "W. M. Stanley's Crystallization of the Tobacco Mosaic Virus 1930-1940", September 1986.

The Medical Trade Use of Mask Or The "Viruses" Contagion Farce

"It has been estimated that under normal conditions of life in large cities, from 15,000, to 20,000 bacteria enter the nose in an hour's quiet respiration. Yet under normal anatomic and physiologic conditions few of these organisms ever reach the nasopharynx in a viable condition." *- in "The Journal of the National Dental Association", 1918.*

If, the theoretical and fraudulent theory of viruses, ought to be true, than it would be impossible for animal and plant life to exist on earth.

Because everything would be dead.

Therefore only individuals of limited or basic intellect can accept in their minute minds, the theoretical concept of viruses. For to be sure, where there is Medical Trade there is fraud.

After reading all books published by the Order it should be clear to the reader that the Medical Trade is void of any moral compass.

The Nobel Prize Clowns

"Many attempts have been made to cultivate the viruses affecting plants and animals under artificial conditions. ***While up to the present there is no record of undoubted successful cultivation of the plant viruses "in vitro", the literature abounds with records claiming success*** *with those affecting animals." - G. Hardy Eagles, in "The "in vitro" cultivation of filterable viruses", Ergebnisse der Hygiene Bakteriologie Immunitätsforschung und Experimentellen Therapie, 1932.*

"Fluid tissue cultures have been used for propagation of viruses since 1928 when Maitland and Maitland initiated the use of their preparation.

That there has been a need for detailed studies is seen from the fact that the early preparations were so crude as to suggest complete destruction of tissue.

In fact, Maitland and Maitland reported that they were able to grow virus in the presence of non-living cells, a claim that was negated by Rivers, Haagen, and Muckenfuss, who demonstrated living cells in the Maitland cultures.

In the case of sputum a virus was recovered, but its place among the **filterable agents has not been conclusively demonstrated** beyond the fact that the agent almost certainly was correlated with the patients' pulmonary infection.

However, it is of interest that **following centrifugation in the Swedish angle** the sputum could be tested in the field cultures containing 50 mg. per cent sulfadiazine without bacterial overgrowth taking place to such an extent that animal inoculation could not be carried out.

Preliminary investigations of contaminated mosquito suspensions (provided by Dr W. McD. Hammon) have demonstrated the ability of the field cultures to carry contaminated inocula without overgrowth of bacteria.

Furthermore, in 2 other experiments whole untreated mosquitoes have been placed in the bacteriostatic

environment of the sulfonamide-containing cultures.

Although no virus appeared to be present, it was interesting to note that the heavy contamination present in the whole mosquitoes became progressively lighter by serial passage in the field cultures until bacteria-free cultures were obtained.

How useful the cultures will be for detecting and recovering virus from specimens remains to be seen." - in "Tissue Cultures for Virus Investigations in the Field", American Journal of Public Health, May 1944.

"We now know, that many foods are contaminated by these insecticides and that human tissue itself now contains DDT and probably other insecticides and yet no one knows what the ultimate effect will be.

One baby food company has tried to get away from having insecticides in those foods they are preparing for babies, yet today they are about ready to abandon that search.

They just can't find foods in sufficient quantity that do not contain some insecticides, yet they do not know what the result, the ultimate result, will be."

Dr Mobbs told how he began his investigation 5 years ago after an insecticide plant in his community started mixing a dust for boll weevil spraying.

"The air was constantly permeated with insecticides. Many people became ill, and virus-like illness was rampant throughout the town.

There was a child living in a home adjacent to this insecticide mixing plant, who died suddenly of a virus-like infection, died in convulsions.

This substance was released for widespread use where it contaminated the air we had to breathe, and yet it had been untested in that medium."

"I found, that if you fed it to an animal, it would kill that animal in convulsions.

This child that died had also suffered a perforation of the stomach.

Later it was found in experiments that animals suffered perforation of the stomach.

So I felt that this child's death was probably due to this chemical."

The Aberdeen, N.C., physician told of another patient who "tried to use himself as a guinea pig to see what the effects of the insecticide would be.

He had a coronary heart disease that seemed to be definitely aggravated by exposure to the dust, and on his death, we found DDT in his tissues.

Virus diseases which appear to be increasing are coming to the foreground.

They are of much greater importance in the State than formerly.

For instance, almost every person you meet on the street or in the homes of your friends speaks at one time or another of having had the 'virus that's going around, these viruses cause distressing and incapacitating upper respiratory symptoms often accompanied by diarrhea and vomiting.

Simultaneously with the occurrence of this disorder a number of related changes occurred in the incidence of known diseases.

The most striking of these is Poliomyelitis.

In the United States the incidence of Polio had been increasing prior to 1945 at a fairly constant rate, but its epidemiologic characteristics remained unchanged.

Beginning in 1946 the rate of increase more than doubled.

Since then remarkable changes in the character of the disease have been noted.

Contrary to all past experience, the disease has remained epidemic year after year.

It has largely lost its seasonal character, although still most prevalent in the summer.

More adults acquire the disorder than ever before.

Aside from the question of the nature of "viruses," which is too intricate to consider here, it should be pointed out that not only may a toxic agent which damages a

particular organ simulate infectious disease, but the damaged organ is more susceptible to transmissible agents, if exposure occurs." - in "Residues of Pesticide Chemicals", Hearing, 83 Congress, Second Session, USA, 1954.

The Paper that Lead to a Nobel Prize on the Method of "Isolating Viruses"

"Direct attempts by Sabin and Olitsky to demonstrate in vitro multiplication of a monkey-adapted strain of poliomyelitis virus (MV strain) in cultures composed of certain non-nervous tissues **failed.**

They obtained, however, an increase in the agent in fragments of human embryonic brain.

The technique was essentially the same as that recently described for the cultivation of Mumps Virus:

Methods. Preparation and Maintenance of Cultures.

"Cultures were prepared in a manner similar to that described by the Mait- lands:

Technique

"Commercial vaccine lymph was inoculated into the testes of an adult rabbit.

After 4 days the testes were markedly swollen and haemorrhagic. They were removed and ground in sand and m/50 phosphate, pH 7-6.

The mixture was centrifugalised and the supernatant fluid (about 5 c.cm.) was used for the primary inoculum.

It was free from bacteria as tested by aerobic broth culture.

Titrations were made by inoculating 0.2 c.cm. of a series of dilutions intradermally into the skin of the back of adult rabbits.
The diluting fluid throughout was m/50 phosphate, pH 7-6.
The method of preparing and testing cultures was as follows:
Blood was withdrawn from a hen and after it had clotted the serum was collected.
The hen was killed with, chloroform and ether, and the kidneys, which were removed aseptically, were minced finely with scissors. Into a flask was put 0-66 c.cm. (approximately) of minced kidney and 1-33 c.cm. of inoculum diluted 1 in 6-6 with Tyrode's solution.
The mixture was allowed to stand in the cold room for 4 hours. Then were added 12 c.cm. of Tyrode's solution and 6 c.cm. of hen's serum.
The final dilution of the inoculum was thus 1 in 100.
Tim mixture was distributed in amounts of 2 c.cm. into Carrel's tissue culture flasks, type D, which were incubated aerobically at 37° C., without caps.
The cultures were tested after various periods of incubation by grinding the whole of the contents of each flask with sand and centrifugalising.
The supernatant fluid was controlled for the presence of bacteria by aerobic broth culture and titrated as outlined above." - Maitland, H.B., Maitland, M.C., in "Cultivation of vaccinia virus without tissue culture", Lancet 1928.

The nutrient medium consisted routinely of 3 parts of a balanced' salt solution made up according to the formula of Hanks:

(The balanced salt solution as recommended by Hr. J. H. Hanks, contained the following ingredients expressed as g/l: NaCl, S.0; KCI, 0.4; MgSO4 • 7 H2O, 0.1; MgCl2 • 0 H2O, 0.1; CaCl2, 0.14; Na2HPO4, 0.06; KH2PO4, 0.06; glucose, 1.0.

To each litre, 5 cc 0.4% phenol red was added. After autoclaving at 10 lb. for 10 minutes, 0.5 cc 1.4% isotonic NaHCO3 was added per 20 cc of the above) and 1 part of Simm's ox-blood serum ultrafiltrate.

This mixture will hereafter be referred to as "HS."

In the experiments with mumps virus, the tissue employed consisted of amniotic membrane from 8- or 9-day-old chick embryos.

The membranes were suspended in a small amount of "HS", minced with scissors to obtain fragments approximately 1 mm in diameter, and centrifuged for 2 minutes at 800 r.p.m. in a graduated centrifuge tube.

The fragments were then resuspended in a total volume of "HS" 6 times that of the sedimented tissue.

Using a large bore Pasteur pipette, 3 drops of this tissue suspension were transferred to 25 cc Erlenmeyer flasks containing 3 cc of "HS ' and fitted with rubber stoppers.

In the experiments with influenza virus, the cultures were similarly prepared-employing amniotic membrane, allantoic membrane, or embryonic brain tissue obtained from 8-day-old eggs.

All cultures were incubated at 35°C.

Their subsequent handling differed from that usually employed with suspended cell cultures in that the nutrient fluid was replaced at intervals as indicated below.

This was accomplished by tilting the flasks, allowing the tissue to settle, and removing as completely as possible the supernatant fluid from each flask with a fine bore Pasteur pipette; 3 cc of fresh "HS" were then added.

In certain of the experiments subcultures were carried out by transferring aliquots of the pooled supernatant fluids thus removed to flasks containing freshly prepared tissue fragments."

- Thomas H. Weller, John F. Enders, in "Production of Hemagglutinin by Mumps and Influenza A Viruses in

Suspended Cell Tissue Cultures", Proceedings of the Society for Experimental Biology Medicine, October 1948.

The cultures consisted of tissue fragments suspended in 3 cc of a mixture of balanced salt solution (3 parts) and ox serum ultrafiltrate (1 part).

Tissues from embryos of 2½ to 4½ months as well as from a premature infant of 7 months gestation were used.

These were: the tissues of the arms and legs (without the large bones), the intestine, and the brain.

Each set of cultures included 4 or more inoculated with virus, and usually a similar number of uninoculated controls.

The primary inoculum consisted of 0.1 cc of a suspension of mouse brain infected with the Lansing strain of poliomyelitis virus." - John F. Enders, Frederick Robbins, and Thomas Weller, in "Cultivation of the Lansing Strain of Poliomyelitis Virus in Cultures of Various Human Embryonic Tissues", Science, 28 January 1949.

If this is non bonkers, Clown World of Virology, to centrifugate a cocktail of dead internal organs tissue, add a bunch of chemicals, for good measure and come up with a broth, using this broth composed of dead internal organs tissue and toxic chemicals and proceed to injecting it into animals and claim that the have a severe reaction to a Virus, not to the Toxic nonsensical centrifugate chemical dead tissue broth.

"Many infectious diseases are caused by viruses — very small biological particles.

A virus lacks metabolism of its own and cannot multiply without infecting a living cell.

For a long time the prevailing opinion was that viruses could not be cultured in a laboratory.

However, in 1941 John Enders, Frederick Robbins, and Thomas Weller succeeded in culturing the virus that causes polio in human muscle and tissue in a laboratory setting.

This became an important step on the road toward a vaccine against polio." - in "**The Nobel Prize in Physiology or Medicine 1954", The Nobel Foundation**, 2001.

Lets Dessicate This Nonsensical Statement

"Many infectious diseases are caused by viruses — very small biological particles."

This statement is a misleading lie, neither "virus" exist nor there is any evidence that they cause disease, or are infectious.

"A virus lacks metabolism of its own and cannot multiply without infecting a living cell."

Again "viruses" don't exist, only in the imagination of the uneducated.

"However, in 1941 John Enders, Frederick Robbins, and Thomas Weller succeeded in culturing the virus that causes polio in human muscle and tissue in a laboratory setting."

This is a lie, they didn't cultivated nothing such as a "virus", what they cultivated was, putting in blender a mixture of several things and call it a "Virus", how on hell they separated a "virus" which is a piece of RNA and or DNA from the mixture in the blender is mind blowing just amazing stuff, even more amazing not having the technology which was only invented in 2018 onwards, which even so it is still not capable of visualize a piece of either RNA or DNA. So we are here in full Nobel Prize Clown World.

"This became an important step on the road toward a Vaccine against Polio."

You bet it did:

"Became an important step on the road toward a Vaccine against Polio."

The billions of Dollars, that this totally useless and endless Vaccine has generated, for sure it has been great for the Pharmaceutical Industry, and the politicians that have received funding, and are still today receiving funding from the Pharmaceutical Industry.

Nobel Prize in Physiology or Medicine 1954

John Franklin Enders
Affiliation at the time of the award: Harvard Medical School, Boston, MA, USA; Research Division of Infectious Diseases, Children's Medical Center, Boston, MA, USA

Thomas Huckle Weller
Affiliation at the time of the award: Research Division of Infectious Diseases, Children's Medical Center, Boston, MA, USA

Frederick Chapman Robbins
Affiliation at the time of the award: Western Reserve University, Cleveland, OH, USA

Nobel Prize motivation:

"For their discovery of the ability of poliomyelitis viruses to grow in cultures of various types of tissue".

The Pathogen Is Nothing The Terrain Is Everything

"While it is true that these organisms reach the blood stream in but relatively small numbers, it is nevertheless possible that increased virulence of the organisms, lowered resistance of the host as well as actual lesions of the bowel wall would greatly increase this number of organisms reaching the blood stream.

A clear illustration of the lowering of resistance facilitating the passage of bacteria through the intestinal wall is the experimental work of Price-Jones feeding Gaertner's Bacillus to white rats.

In normal health this feeding did not produce any ill effects; but, if the rats were greatly fatigued, the bacilli passed readily through the intestinal wall and produced markedly increased illness and mortality." - Dr F. H. Redewill, MD, Dr J. E. Potter, MD Lieutenant Commander, Medical Corps, U.S. Navy, Dr Harry A. Garrison, MD Captain, Medical Corps, U.S. Navy Washingon, D.C., in "JAMA", 8 March 1930.

Vaccines and Serums in Relation to the Lymphatic System

"We have come to believe that the most effective measure in proving the harmful results of vaccine and serum poisonings is the disturbance produced in the lymphatic system when these poisons are introduced into the circulation.

We wish to go on record as being opposed to the use of both vaccines and serums.

As osteopathic physicians, we are taught that the body is complete within itself, that there are within the body sufficient secretions to combat diseases if the mechanism is properly adjusted.

We believe in the axiom laid down by the founder of Osteopathy, that the "rule of the artery is supreme", etc., that the body is a perfectly complete chemical laboratory wherein the metabolism is balanced so stably that health is maintained when we are lesion free.

The lymphatic system plays a far greater part in the body mechanism than we once thought.

The nodes are readily affected, we all know, when poisons are introduced into the system.

The mother of any child can see for herself the effects of vaccine poisoning if she will but look for them.

She can see the swollen glands in the neck and armpit following a vaccination that "takes."

No one need have a more striking demonstration.

In the illustrations shown here the lymphatic vessels and nodes are outlined on the figures to show the areas most commonly affected.

Observe the vaccination sore on the arm lies in a path of direct lymphatic connection with the glands in the axilla.

These axillary glands enlarge, and it is with difficulty the arm is raised. In a few days sore throat occurs and the tonsils enlarge. Next we find the neck or cervical glands enlarging and there is usually a complication continuing of blockage and nodular enlargement of the bronchial glands as shown in the accompanying plate.

The swelling of the axillary glands blocks the drainage down the arm and in severe cases the adenitis is followed by the arm and even hand swelling. Cases of gangrene, erysipelas and cellulitis are recorded by authorities such as Osier, Holt, Peebles and others.

In Higgins' work on the "Horrors of Vaccination" repeated cases of suppuration of the lymphatic glands from vaccination are recorded.

Once the lymphatic vessels and nodes are blocked, there is a systemic disturbance that involves the various organs of the body and many patients state that their breakdown and ill health dates from the time of vaccination, or the poisoning of the body through blockage of the lymphatics.

Hundreds of persons have died from this lymphatic poisoning following vaccination.

It is a question whether or not a severe vaccine poisoning is not more difficult to clear than a venereal poisoning.

The sores following suppuration, after vaccination, are almost impossible to heal in some instances. Arms and legs have been either disabled or amputated in a number of cases.

In the normal person it is with difficulty the lymphatic system is kept clear.

There are sufficient toxic products in the system at all times to tax the nodes and vessels.

To inject or introduce by scratching in a “virus” that is in itself a polluted product is to endanger the body in many instances.

The insidiousness of intravenous injections is so marked that unless a person is naturally immune, he takes chances of producing an adenitis.

The enlargement of the axillary glands makes it possible for the lymphatic vessels to convey these poisons to the pectoral or breast region.

The lumps, found in the breast of a girl or woman after vaccination, are hard to reduce and often persist for years. Who knows but that these lumps, in time, cause cancer?

Numerous cases of phthisis have been recorded following vaccination.

The bronchial glands enlarge after the cervical glands, and the blockage soon poisons the lung tissue. A cough results and the first stage of consumption is recorded.

When vaccination is made in the leg, as shown in the plate, there is a nodular swelling in the groin or inguinal region.

As these glands are connected with the pelvic lymphatics, we find the ovary on the vaccinated side congested and sensitive. In some cases the inguinal adenitis is so marked, the patient is unable to work for days. It takes time to reduce this lymphatic blockage and the leg is often swollen, and in some instances turns black.

The lymphatic blockage may extend down to the foot. Suppuration follows, and a running sore persists for months.

We are now confronted with the blockage of the mesenteric nodes and interference with drainage in the thoracic duct. The plate shows the abdominal nodes and the duct leading up to the neck. Another plate shows the lymphatics of the pelvic region.

It is a serious proposition to block the already taxed lymphatic system. If the receptaculum chyli is blocked practically all the abdominal organs are improperly drained.

The lymph flow is as essential as the blood flow, and the poisoning of the lymphatic system simply means the poisoning of the entire body tissues and organs.

In dealing with serums we have a blockage or poisoning as striking as in vaccine pollution. I have seen cases in my city that had been given serums and observed a breaking out on the body of ugly boils and sores.

A number of cases of sudden deaths following serum injections were recorded this year.

Two cases, well known, died within a few minutes after the serum was given. Direct poisoning, more sudden than poison given to kill.

Instructions were given, **following these sudden deaths, to give all serum injections at home with the patient in bed.** Is it possible that a method of this kind is scientific or necessary to restore health?

One case in my city, where a serum was given for acne, resulted in the girl being taken to a hospital where she died a few days later.

As osteopaths, we believe in keeping the system clear and the arteries carrying pure blood.

We are opposed, as a body of physicians, to the pollution of the blood stream.

A most striking case of direct lymphatic poisoning in a child came to my notice four years ago.

The case was the son of a physician, who had been given antitoxin for supposed diphtheria.

The nodular enlargement of the cervical glands and tonsils was so great that the neck was almost as large as the head. It was with great difficulty the child's life was saved.

To have a vaccination scar is a reflection on the high intelligence of a civilized people.

A scar following a solicited vaccination signifies loyalty to medical superstition.

A scar from forced vaccination is a brand, and is a mark of medical tyranny and despotism.

I would not be vaccinated and take the risk of complications for a $10,000 check.

My children have never been vaccinated and I trust never will. So many mothers are frightened when an epidemic scare is on, they simply give in and have their children vaccinated for fear they might be kept away from school.

I would rather keep my children out until the scare is over, than to submit them to the dangers of lymphatic poisoning.

If mothers of the land would take a determined stand, we could make compulsory vaccination a thing of the past in a few years.

> ***We find that vaccination on the thigh or just above the knee causes enlargement and sometimes suppuration of the inguinal nodes. As the ovary and pelvic regions are in close proximity, sterility may result where poisoning has affected the glands and tissues of that region.***

The serum theory, presented by Medical Doctors, claiming that it is a scientific treatment, induces adults all over the land to take serums for almost every complaint.

I am of the opinion that there will be a great reaction some of these days, and just as the best speciahsts are not performing many tonsillectomies, so the best physicians will not long give serums for every complaint.

We cannot afford to block the system unduly.

We want instead to find a way of clearing the system of poisons.

In treating the lymphatics we must work with one point in view; that of freeing the lymphatic channels and ducts first at their emptying point in the neck, and then clear the lymphatic vessels and nodes at distant points.

First the thoracic area and then the abdominal and pelvic areas. The extremities come last.

The lymphatic vessels and nodes must be reached through the vasomotor centers that control them directly or indirectly.

We must get combined effect on the vascular system and lymphatics.

No superficial treatment will be of any great value.

We must reach the deeper or main vessels and ducts.

The intercostals may be reached by thoracic adjustment, and the receptaculum chyli and its tributaries by the splanchnic and mesenteric vasomotors.

If you clear the lymphatic system you will clear the vascular at the same time.

Six swollen lymphatic glands in certain areas will make one ill.

A dozen will put you on your back, and 50 vital glands blocked may cause death.

Let us work together as osteopaths to clear the system of poisons, and tell the people of the dangers of vaccines and serums." - Dr F. P. Millard, DO, in "Applied Anatomy of Lymphatics", 1922.

Vaccination and the Lymphatics

"Vaccination as a method of preventing smallpox has been universally adopted by the medical profession.

There are very few who openly oppose it.

Those who do oppose it as a rule keep very quiet for fear of coming under professional disapprobation.

There are not many people who have the "guts" to stand up against public sentiment and the general professional trend.

Not many physicians now dare to speak out in open meeting against the universal trend toward state medicine.

Yet, not many years past we had the autocracy of state religion which required many years and much suffering to throw off.

We seem now to be ready to put on state medicine, which will probably be more galling than state religion, after it is thoroughly established.

During the last smallpox epidemic and the resulting scare, a very large percentage of the people rushed to be vaccinated.

Personally, I have no way to prove or disprove the theory of vaccination.

Since it has been adopted almost universally by the medical profession and through their educational propaganda, vaccination has been accepted largely by humanity as a prevention of smallpox and people desire to have it done.

Recently I had occasion to vaccinate many of my patrons.

I was interested in watching the results of the vaccination on a great many of them whom it was my opportunity to observe.

Some were vaccinated on the arm and others on the leg.

In the arm cases, where it took, there was an enlargement and swelling of the lymphatic glands in the axilla.

Those that took on the leg, showed a soreness and thickening of the gland in the groin on the side of the vaccinated leg.

Many of them had large pustules; were quite sick with

fever, ranging from 101 to 103, went to bed for from one to three days, and were more or less prostrated for something near a week.

For this article, the interesting phenomenon was the effect on the lymphatic glands.

You might turn it the other way and say the effect of the lymphatic glands on the vaccination.

The functioning of the lymph glands showed that there was a real poisoning or infection of that part of the body on which the vaccination was taking.

The tendency of that infection was to spread through the system.

The function of the lymph was to counteract poison and head off infection.

The lymphatic glands in the groin on the side vaccinated had an extremely hard proposition to prevent the infection from spreading in some instances throughout the system.

In these cases if it were not for the lymph keeping the gateway closed against a large per cent, of the infection, the system receiving the whole bolt at once would very likely be overwhelmed.

I have not had a chance to observe, but I believe a woman who has had her breast removed, along with which the axillary glands are frequently removed in such operations, if she were vaccinated on that side afterward, the consequences of the vaccination on her system would be considerably more serious as a result of the absence of the lymphatic glands.

Also, in cases where the glands of the axilla have been removed the patient would likely suffer more in a systemic way when vaccinated on the leg.

Most of these cases had a real acute adenitis, as shown by the enlargement and swelling, soreness in the limb, and the pain in the glands of the axilla or the groin, according to the location of the vaccination.

The tonsils and the lymphoid tissue making up Waldeyer's ring about the throat have the same function very largely as that of the lymphatic glands.

When there is a toxin or infection, as there frequently is in

the nose and throat, some portion of Waldeyer's ring becomes thickened, enlarged and sore.

If the reaction is so great as to set up an acute condition, there will be pain, redness and swelling sometimes extending from the tonsils into the tissues of the neck and involving practically the whole of Waldeyer's ring.

Repeated inflammation of this kind causes enlargement of the faucial tonsils and the pharyngeal tonsils known as adenoids.

Operations in this region of course should be conservative because of the tendency to destroy the integrity of Waldeyer's ring.

Every evidence points to the fact that the structures composing this ring are placed about the throat for a protection against infections and toxins in this region.

It was noted that many of the patients developed sore throat with more or less swelling about Waldeyer's ring.

Those who had tonsils showed more or less enlargement there.

Those who did not have tonsils were not exempt from the sore throat.

The effect of the vaccination upon the lymphatics was to cause acute inflammation resulting in more or less chronic conditions causing the overworking of the lymph glands." - Dr C. C. Reid, MD, DO, in "Applied Anatomy of Lymphatics", 1922.

The State of the Child's Auto Intoxication upon the Lymphatics

> *"Kawasaki disease (KD), also known as Kawasaki syndrome, is an acute febrile illness of unknown etiology that primarily affects children younger than 5 years of age.* ***Clinical signs include fever, rash, swelling of the hands and feet, irritation and redness of the whites of the eyes, swollen lymph glands in the neck, and irritation and inflammation of the mouth, lips, and throat."*** *- in "About Kawasaki Disease", CDC, 13 December 2013.*

"This virus can do that we didn't see from the studies in China or in Europe.

For example, **right now children presenting with Covid-19 who actually have a very strange inflammatory syndrome, very similar to Kawasaki syndrome"** Fauci said.

Officials in New York and elsewhere have announced they're investigating rare cases of inflammatory conditions in young children that appear to be associated with Covid-19.

The World Health Organization previously said the symptoms appear to be similar to toxic shock syndrome and Kawasaki disease.

Toxic shock syndrome is a rare, life-threatening condition **caused by bacteria getting into the body and releasing harmful toxins.**

Symptoms include a high temperature, a sunburn-like rash and flu-like symptoms such as a headache and sore throat." - in "Dr. Anthony Fauci, Sen. Rand Paul spar over safety and death rates among children with coronavirus", CNBC, 12 May 2020.

Fauci says School Closures led to 'Deleterious Collateral Consequences', but He Had 'Nothing To Do' With It

13 August 2020: Fauci agrees that the future entails "many months" of virtual learning, in supporting keeping schools physically closed.

3 September 2020: Schools can only open back up once the virus is "under control," Fauci tells CNN.

> *"They always say 'Fauci was responsible for closing schools.' **I had nothing to do [with it]**." Fauci told ABC News." - in "New York Post", 16 October 2022.*

Chapter 7

Polio (Poliomyelitis, Infantile Paralysis)

"All over this fair land multitudes of people once lame, crippled or bedridden have been restored to health and happiness.

Dr Still paved the way for this new method of treating Infantile Paralysis.

His reasonings were those of a sane man, a sage, a peer.

His contention that the rule of the artery is supreme, and that the moment the circulation to any part of the body is interfered with that moment a diseased or disturbed condition arises or is in the making.

Not since the discovery of the circulation of the blood by Harvey has more significant logic been deduced and substantiated.

His ideas regarding the invasion of germs and their destructive tendencies thru their toxins acting upon tissues devitalized from obstructed circulation, is no less true, and will go down thru history unchallenged.

In the majority of cases we have examined and treated we have noted traumatic conditions.

We have found one or more spinal or costal lesions more or less directly influencing the vascularization of the membranes of the spinal cord." - Dr F. P. Millard, DO, in "Poliomyelitis (Infantile Paralysis)", 1918.

We Failed Utterly to Discover the Virus

"We failed utterly to discover bacteria, either in film preparations or in cultures, that could account for the disease; and, since among our long series of propagations of the virus in monkeys not one animal showed, in the lesions, the cocci described by some previous investigators, and we had failed to obtain any such bacteria from the human material studied by us, we felt that they could be excluded from consideration.

From the foregoing experiments, taken in conjunction with the negative results of bactériologic and histologic examinations, it would appear that the infecting agent of epidemic poliomyelitis belongs to the class of the minute and filterable viruses **that have not thus far been demonstrated with certainty under the microscope.**

Since the publication of our last note, **the fact has been determined that the virus of poliomyelitis can be transferred to the central nervous system by way of the subcutaneous tissues in monkeys."** - Dr Simon Flexner, MD, Dr Paul A. Lewis, MD, in "The Nature of the Virus of Epidemic Poliomyelitis", JAMA, 18 December 1909.

The Polio Virus Farce

"Sachs points out:

> ***"Our present knowledge of the possible methods of contagion is based almost entirely upon the work done in this city at the Rockefeller Institute."***

Sachs states that **children afflicted with the disease were kept in general hospital wards and that not a single one of the other inmates of the wards of the hospital was affected with the disease.**

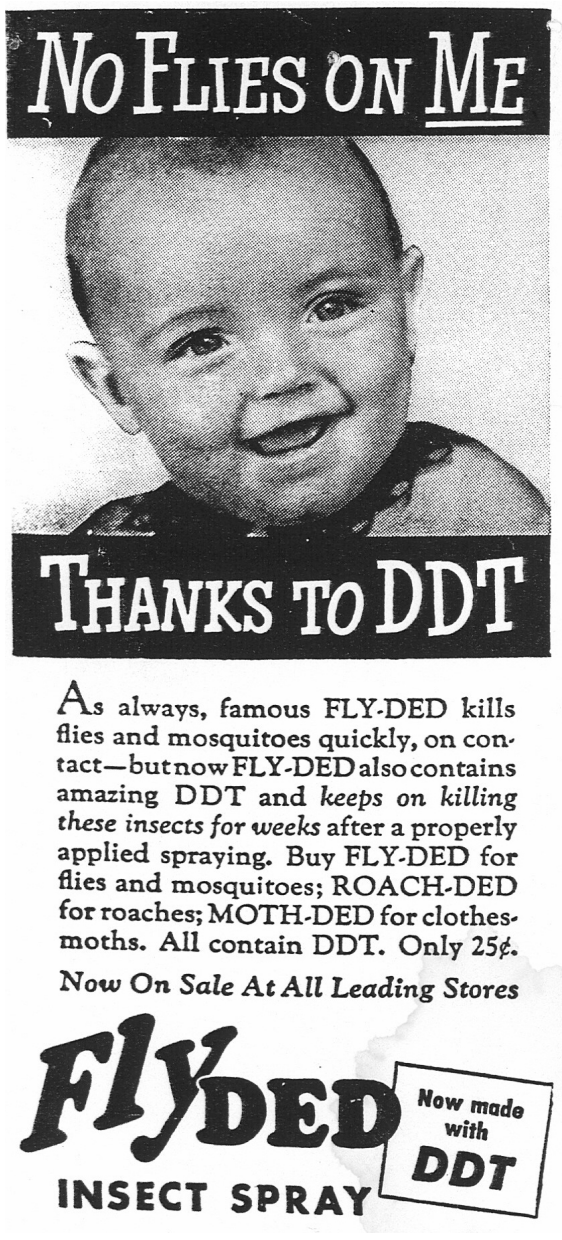
Simon Flexner (1910) stated:

> ***"It was not easy to establish in an individual case precisely how the disease was acquired; it was difficult to bring evidence that was not at all convincing that this disease was contagious."***

L. Emmett Holt, in discussing Flexner's paper, stated:

> ***"Even 5 years ago if anyone had suggested that the disease under discussion was an infectious or contagious one, it would have been looked upon as a joke."***

- Dr Ralph R. Scobey, MD, "Is The Public Health Law Responsible For The Poliomyelitis Mystery?", Archive Of Pediatrics, May 1951.


NO FLIES ON ME
THANKS TO DDT
As always, famous FLY-DED kills flies and mosquitoes quickly, on contact—but now FLY-DED also contains amazing DDT and *keeps on killing these insects for weeks* after a properly applied spraying. Buy FLY-DED for flies and mosquitoes; ROACH-DED for roaches; MOTH-DED for clothes-moths. All contain DDT. Only 25¢.
Now On Sale At All Leading Stores
FLY-DED
INSECT SPRAY
Now made with DDT

DDT, US press advert in July 1946

Infantile Paralysis is Not a Contagious Disease

"The lesson to be learned from Swayze's insistence that **infantile paralysis is not a contagious disease** is that, nevertheless according to the law, it is a contagious disease, and that it is illegal to consider it otherwise.

Poliomyelitis is unique in that it is the only disease in the History of Medicine in which a Theory, and not an established Fact as to its cause, has become incorporated into the public health law.

Although poliomyelitis is legally a contagious disease, **every attempt has failed conclusively to prove this mandatory requirement of the public health law.**

Hoyne points out, the startling revelation that **the etiologic agent of the disease is still unknown.**

When this disease was legally made a communicable disease, funds for poliomyelitis research were from then on designated for the investigation of the infectious theory only." - Dr Ralph R. Scobey, MD, in "Is The Public Health Law Responsible For The Poliomyelitis Mystery?", Archives of Pediatrics, May 1951.

"In 1907 an epidemic of poliomyelitis, no infant who was fed exclusively on the breast developed poliomyelitis.

Inclusion bodies have been defined as products of virus activity or the elementary virus bodies themselves.

Inclusion bodies have been found in poisoned humans and experimental animals.

No intensive studies have been made, to determine whether or not the so-called virus of poliomyelitis, simply results from an external factor or factors.

Medical studies have shown repeatedly that **paralytic diseases in domestic animals occur simultaneously in districts where epidemics of poliomyelitis are prevalent.**

Poliomyelitis investigations, have been confined exclusively to virus studies." - Dr Ralph R. Scobey, MD, in "The Poison Cause of Poliomyelitis", Archives of Pediatrics, April, 1952.

> ***"Today, we know conclusively that pellagra is not caused by a virus but rather that it is a vitamin deficiency disease. It is obvious that if the investigations of pellagra had been restricted to the virus theory, it would still be a mystery."*** *- Dr Ralph R. Scobey, MD, in "The Poison Cause of Poliomyelitis", Archives of Pediatrics, April, 1952.*

"The experiments of Clark, Frazier, and Amoss show that after intravenous inoculation in monkeys, the virus of poliomyelitis disappears from the blood within 72 hours; **and other observations have shown that it is only after enormous intravenous doses of the virus that the monkey develops the disease.**

Smaller doses intravenously fail to produce any disturbance.

If injected with 250 to 500 cc (1 to 2 cups injected into a 20 lb Rhesus monkey is equal to 7 to 14 cups injected into a 150 lb man) of the virus by a similar route the animal succumbed to the disease." - George Draper, in "Acute Poliomyelitis", 1917.

> *"17 post Polio Syndrome patients were studied with the environmental control unit as the scientific basis for defining environmental triggering agents, 1****4 patients improved after definition and elimination of such triggering agents as molds, foods, formaldehyde, natural gas, etc. Preliminary results suggest pain and weakness can be positively influenced in these patients."*** *- Dr W. J. Rea, MD, FACS, Dr A. R. Johnson, DO, in "The Environmental Aspects of The Post Polio Syndrome", Birth Defects Orig. Artic. Ser., 1987.*

"There are 2 abnormal findings in cases of poliomyelitis that point strongly to poisoning as the cause of this disease.

One consists in the appearance of increased amounts of porphyrin in the urine; the other is the presence of increased amounts of guanidine in the blood.

It is a well-known fact that porphyria can follow poisoning by a number of chemicals.

Guanidine has been found in increased amounts in the blood in arsenic, chloroform, and carbon tetrachloride poisonings." - Dr Ralph Scobey, MD, in "The poison cause of poliomyelitis and obstructions to its investigation", Archives of Pediatrics, April 1952.

> *"A study of the biochemical changes that arise during the course of human poliomyelitis has not been followed adequately, but a few important clues have been reported.*
> ***One of these consists of the presence of coproporphyrin III in the urine of poliomyelitis patients; another is the appearance in the blood of increased amounts of guanidine.***
> ***It is not to be overlooked that both of these chemicals are present in the body in increased amounts in cases of poisoning by a number of toxic agents."*** *- Dr Ralph Scobey, MD, in "Is human poliomyelitis caused by an exogenous virus?", Archives of Pediatrics, April 1954.*

"The years after the Second World War were prosperous ones for American businesses.

With ever-greater profits and international power, there seemed no limits on the potential for domestic growth.

This coincided with prevailing views of the natural world as something to be conquered and exploited for the betterment of society.

It was in this favorable business climate that Monsanto, Ciba, and other chemical companies produced Dichloro

diphenyl trichloroethane (DDT), for widespread use as an insecticide to promote the growth of the nation's agricultural business.

In the late 1940s a Westport physician by the name of Morton Biskind began noticing new ailments (and new variations on old ailments) in the people he treated, as well as in domestic animals and wildlife.

The maladies he observed initially proved most pronounced in dogs, cats, sheep, and cattle and included degenerative problems in their brains, internal organs, and muscles.

When Biskind noticed a dramatic increase in similar symptoms in humans, he began doing research and consulting other doctors.

In 1949, he and Dr Irving Bieber published "DDT Poisoning: A New Syndrome With Neuropsychiatric Manifestations" in the American Journal of Psychotherapy.

Chemical giants such as DuPont and Geigy manufactured large quantities of the insecticide for use during World War II and government regulators (such as those at the Food and Drug Administration) dismissed Biskind's claims.

In 1968, Hungary became the first nation to ban DDT for agricultural use and other countries soon followed, the United States banning DDT in 1972.

In response, DDT manufacturers sued the Environmental Protection Agency." - in "Morton Biskind Warned the World About DDT", 4 September 2022.

The Polio Virus Farce Timeline

1851

Worldwide - **No Previous Paralytic Polio Epidemics.**

1852

The beginning of Pesticide development was in 1852.

1870

"The transition to synthetic chemicals as a popular method of insect control in the United States was one of the most critical developments in the history of American agriculture.
*Historians of agriculture have effectively identified the rise and charted the dominance of early chemical insecticides as they came to define commercial agriculture between t**he emergence of Paris green in the 1870s and the popularity of DDT in the 1940s and beyond."** - in "The horizon opened up very greatly": Leland O. Howard and the transition to chemical insecticides in the United States, 1894-1927", Agric. Hist., 2008.*

1873

Pesticide Application Equipment first Patented

1874

The Pesticide DDT a Central Nervous System Toxin, was invented in Germany.

DDT (Dichloro-Diphenyl-Trichloroethane), and DDT-like chemicals represent the evolution of the technology of, and **potential for mass poisoning.**

Some prominent organochlorines are Chlorobenzene, PCBs (polychlorinated biphenyls), and DDT (Dichloro-

Diphenyl-Trichloroethane).

Chlorobezene is a precursor, a foundational compound used in the production of many industrial organochlorines.

1878

The first Pesticide and Herbicide introductions where between 1878 & 1886.

1887

The First Paralytic Polio Epidemic happened in Sweden in 1887.

1915

The Second Paralytic Polio Epidemic happened in New York in 1915.

In the U.S.A., high production of Chlorobenzene (DDT-like chemicals) began in 1915, soon after the beginning of World War I.

In 1915 Hooker Electrochemical began massive, unprecedented production of Chlorobenzene (8,200 metric tons per year) and Dow Chemical began large-scale production soon thereafter.

Chlorobenzenes are the basis for picric acid explosive used in World War I.

They have also been used in the manufacture of wood treatments, war gas, herbicides, insecticides, bactericide, moth control, and polymer resins.

(Mono) Chlorobenzene is the base compound for DDT production.

Currently in the USA, 15 million pounds of P-Dichlorobenzene production goes into room deodorants.

According to Duesberg, CDC's investigation into Legionaires disease ignored toxic cause and created a new false field of study regarding the Legionella bacterium.

The sudden surge of Chlorobenzene production coincides in time and place Niagara Falls in 1915, to be

considered as probable cause for the "Epidemic" of Central Nerve System, that followed the next year in the New York City region.

This "Epidemic" lasted only 6 months, June to November, with 82% of the cases occurring in just 8 weeks.

While Medical Trade literature terms this a world-wide polio epidemic, it was peculiarly a phenomena of the United States and was especially prominent in the New York City region.

1916

The 1916 New York City polio epidemic was an infectious disease epidemic of polio ultimately infecting several thousand people, and killing over 2,000, in New York City, primarily in the borough of Brooklyn.

1916 & 1942

Both Polio "Epidemics" occurred 2 years after the beginning of World War I & World War II, if we use the dates of the epidemics, 1916 and 1942.

1935

"Brodie Polio Vaccine Trials Suspended after acute paralysis occurred in about 1/1000 vaccines shortly after administration and some cases were fatal." *- in "History of Polio Vaccination", World J. Virol., 12 Aug 2012.*

1948

Nobel Prize

"Dichlorodiphenyltrichloroethane, DDT, is one of the most effective and best known of all of the synthetic insecticides. While DDT was first synthesized in 1874, it was not until the 1930s that scientist Paul Hermann Müller, working for a Swiss

chemical company, discovered its insecticidal properties. Though he held no medical degree and had never engaged in medical research, ***Dr Müller was awarded the Nobel Prize in Medicine in 1948 "for his discovery of the high efficiency of DDT as a contact poison against several arthropods."*** *- in "DDT and Silent Spring: Fifty years after", October 2011.*

1949

The physiology of Acute DDT Poisoning causes polio-like physiology:

"Conspicuous histological degeneration was, however, often found in the central nervous system.
The most striking ones were found in the cerebellum, mainly in the nucleus dentatus and the cortex cells.
Among other things an increase of the neuroglia and a necrotic degeneration and resorption of ganglionic cells was found.
The Purkinje cells were less seriously affected than the other neurons.
Also in the spinal cord abnormalities of a degenerative nature were found.
Such changes were not found invariably, there is neither an obvious relation between the size and spreading of the lesion and the quantity of DDT applied.
Information of adequate precision about the nature of the anomalies is lacking." *- Daniel Dresden in "Physiological Investigations Into The Action of DDT", G.W. Van Der Wiel & Co., Arnhem, 1949.*

"During a period of more than 2 years, numerous cases of a curious symptom complex, apparently never before reported, have been observed throughout the United States.

For want of a satisfactory explanation for this ailment, it has been widely attributed to infection with a thus far illusory "virus X".

The syndrome consists of a group of or all the following:

Acute gastroenteritis occurs, with nausea, vomiting, abdominal pain, and diarrhea usually associated with extreme tenesmus.

Coryza, cough and persistent sore throat are common, often followed by a persistent or recurrent feeling of constriction or a "lump" in the throat; occasionally the sensation of constriction extends substernally and to the back, and may be associated with severe pain in either arm.

In some cases the hyoid bone becomes acutely painful to pressure for a few days.

Pain in the joints, generalized muscle weakness and exhausting fatigue are usual; the latter are often so severe in the acute stage as to be described by some patients as "paralysis."

Sometimes the initial attack is ushered in by vertigo and syncope.

Intractable headache and giddiness are not uncommon. Occasionally herpes zoster appears.

Paresthesias of various kinds occur in most of the cases; areas of skin become exquisitely hypersensitive and after a few days this hyperesthesia disappears only to recur elsewhere, or irregular numbness, tingling sensations, pruritus or formication may occur.

Erratic fibrillary twitching of voluntary muscles is common.

Usually there is diminution of vibratory sense in the extremities.

After subsidence of the acute attack, irregular spasm of smooth muscle throughout the gastrointestinal tract often persists for weeks or months, associated with increased fatigability, which only gradually regresses.

Febrile reactions occur occasionally during the initial stages but are not the rule.

Except for a tendency to anemia, and in some cases a

relative lymphocytosis, no constant changes are observable in the blood.

The epidemic first appeared at about the time DDT came into widespread use by the civilian population.

The signs and symptoms described in the pharmacologie and toxicologic literature as characteristic of DDT poisoning, are identical with those appearing in patients with the affection described.

Thus, **among the disturbances which occur in known clinical poisoning with DDT are the following:**

Acute Gastroenteritis with nausea, vomiting, and abdominal pain, and diarrhea, coryza, cough, conjunctival irritation, a feeling of constriction in the throat and chest, dyspnea, persistent sore throat, giddiness, anxiety and apprehension, extreme lassitude, muscle weakness, fibrillary, spastic and even convulsive contractions of voluntary muscles, heaviness and aching of extremities, pain in joints, dermatitis, anemia, changes in the white blood cells and increase in blood calcium.

In fatal cases of clinical DDT poisoning, tissue changes identical with those found in experimental poisoning in animals have been reported:

degenerative changes in liver, kidney, spleen and adrenals, gastritis and enteritis with petechial hemorrhages throughout the gastrointestinal tract and hyperplastic changes in lymphoid follicles and Peyer's patches; pulmonary edema, bronchopneumonia, and changes in the blood vessels and cardiac musculature have also been reported.

Evidence is presented that the new syndrome widely prevalent in the United States for more than 2 years and attributed to infection with a hypothetical "virus X", is in reality due to DDT poisoning." - Dr Morton S. Biskind, MD, in "DDT Poisoning and the Elusive "Virus X": A New Cause For Gastro-Enteritis", American Journal Of Digestive Diseases, 1949.

1939 & 1953

"After the first epidemics in Rio de Janeiro in 1939, and Americana (Sao Paulo), outbreaks of a certain magnitude were only recorded from the 1930's and 1940's onwards. In Rio de Janeiro in 1953, was the largest epidemic ever recorded in the country occurred." *- in "Ministry of Health", Brazil, 1988.*

"What is the agent of polio?
A germ of presumption, that is, invisible and imponderable.
What is the mode of transport?
Unknown.
And how to treat it?
All hypothetical." *- in "Correio da Manhã", page 4, 21 October 1939.*

1950

Statement On Clinical Intoxication From DDT And Other New Insecticides

Presented before the Select Committee to Investigate the Use of Chemicals in Food Products, United States House of Representatives, U.S., 12 December 1950.

"The introduction for uncontrolled general use by the public of the insecticide "DDT" (chlorophenothane) and the series of even more deadly substances that followed, **has no previous counterpart in history.**

At this time a few cases of DDT poisoning in human beings had also been reported.

These observations were almost completely ignored or misinterpreted.

In the subsequent mass use of DDT and related compounds, a vast amount of additional information on the toxicity of these materials both in animals and in man has

become available.

The evidence has been treated with disbelief, ignored, misinterpreted, suppressed or subjected to some of the fanciest double-talk ever perpetuated.

I published a series of observations on DDT poisoning in man.

Since shortly after the last war a large number of cases had been observed by physicians all over the country in which **a group of symptoms occurred, the most prominent feature of which was gastroenteritis, persistently recurrent nervous symptoms, and extreme muscular weakness.**

The "Virus X" Farce

The condition was of unknown origin, and following an outbreak in Los Angeles in 1947, was thereafter widely attributed to a "Virus X."

As with all other physicians, a large number of my patients had this condition.

In 1945, 2 British authors had described with great accuracy part of the disorder following exposure to DDT in 3 human subjects.

Symptom are Description of "Colds" & "Flu"

The syndrome consists of a group of or all the following:

Acute Gastroenteritis occurs, with
Nausea,
Vomiting,
Abdominal pain, and
Diarrhoea.
A running nose,
Cough, and
Persistent Sore Throat are common, often followed by a
Persistent or recurrent feeling of Constriction or a "lump" in the Throat; occasionally the sensation of
Constriction extends into the Chest and to the back and shoulders and may be associated with

Severe Pain in either arm and may easily be confused with a

Heart or Gallbladder attack.

Pain in the Joints, generalized

Muscle weakness and

Exhausting Fatigue are usual; the latter are often so severe in the acute stage as to be described by some patients as

"Paralysis." Sometimes the initial attack is ushered in by

Dizziness and

Fainting.

Insomnia,

Intractable Headache and

Giddiness are not uncommon.

Disturbed sensations of various kinds occur in most of the cases; areas of skin become exquisitely hypersensitive and after a few days this disappears only to recur elsewhere, or irregular numbness, tingling sensations, itching or crawling sensations or a feeling of localized heat may occur.

Erratic twitching of voluntary muscles is common.

Usually there is diminution of ability to feel vibration in the extremities. Loss of weight is not uncommon.

Disturbances of equilibrium may occur.

There may be attacks of rapid pulse and palpitation associated with contraction of blood vessels in the skin,

sweating of the palms and a sense of impending

loss of consciousness, followed by

slow pulse,

flushing of the skin,

relaxation and cessation of palmar perspiration.

The subjective reactions tend to recur in "waves", as numerous patients have described it.

Often, patients with this disorder complain of a "hollow feeling" in the epigastrium which bears no constant chronologic relation to the ingestion of food, and in fact may occur immediately after a full meal.

Attempts to eat further may provoke sharp repugnance for food and occasionally may lead to an attack of hiccups, or nausea.

In other patients, actual overeating indistiguishable from

the compulsive types seen in certain psychogenic disturbances may result.

Hardly a single sensory nerve appears to be immune to involvement in this disorder: **disorders of vision, smell, taste and hearing may occur.**

Pain of varying intensity and duration may involve any area of the skin, may localize in a joint or even a tooth.

Severe peripheral neuritis involving intense, protracted pain in one or more of the extremities is frequent.

Pain in the groin, usually bilateral, is a frequent complaint.

In the acute stages, milk convulsions involving mainly the legs, may occur.

The high incidence, the usual absence of a febrile reaction, the lack of observable inflammatory lesions, and the resistance even to palliative therapy, as I have already indicated, **suggested an intoxication rather than an infection.**

The epidemic first appeared at about the time DDT came into widespread use by the civilian population.

The signs and symptoms described in the pharmacologic and toxicologic literature as characteristic of DDT poisoning turned out to be identical with those appearing in patients with the affection described.

By far **the most disturbing of all the manifestations are the subjective reactions and the extreme muscular weakness.**

In the sever acute cases, patient after patient has used identical words, "I felt like I was going to die."

The sensation can perhaps best be described as one of unbearable emotional turbulence.

There are at various times excitement, hyper irritability, anxiety, confusion, inability to concentrate, inattentiveness, forgetfulness, depression, and especially extreme apprehensiveness.

These episodes can easily be confused with anxiety attacks having a psychiatric basis. The combination of apprehensiveness, confusion and depression has led to suicidal impulses in a number of my patients.

Several insisted that they did not want to live if the reaction persisted.

This reaction was the more difficult to bear because its source was unknown and, when the cause became apparent, explanation as to the etiology was usually of great help in tiding the patient over this difficult period.

One such patient who had been heavily exposed to DDT was treated psychiatrically for his suicidal depression for months without success.

This depression vanished within a few weeks when exposure to DDT was reduced to a minimum by removing it from the immediate environment and restricting the foods most heavily contaminated.

Parenthetically, one cannot help but wonder how often exposure to the DDT group of compounds has been implicated in otherwise inexplicable suicides.

Certainly in a person already mentally disturbed the additional stress of DDT poisoning could be disastrous.

In addition, the mental effects of DDT may easily lead to accidents.

I suggested for purposes of investigation that the same etiology may apply to "X disease" of cattle, which has caused tremendous losses of livestock in this country in recent years.

Here too I do not know and have never stated that the original outbreaks of this type in 1939 were caused by DDT poisoning - I have no way of knowing whether DDT was available in this country for experimental or other use a year after its introduction as an insecticide in Switzerland.

But here, too, **the unknown "X" was subsequently widely applied both by veterinarians and farmers to a condition which all evidence indicates is caused by a toxic and not by an infectious agent.**

That **the insecticides have never adequately been ruled out in this respect is indicated by the latest report appear in the Journal of the American Veterinary Medical Association, in, which the presence in feed and water of "DDT-like compounds" was dismissed as being in "sub-toxic amounts."**

Obviously, if a suspected cause is to be ruled out, it must be eliminated completely.

One cannot simply dismiss the amounts to which the animals were exposed as "sub-toxic".

From the investigations at the Food and Drug Administration, we know that even the smallest trace of DDT may be cumulatively stored in the body fat.

It is significant that lactating cows who excrete the accumulated DDT in their milk are much less susceptible to "X Disease" than beef cattle.

> *"Too little remains known about the chemistry of DDT within the metabolism of animal life.*
> *Fortunately, the use of DDT as a contact insecticide for protecting stored grain has not been encouraged.*
> *Volatile fumigants have been preferred. The new research emphasizes the wisdom of this policy.* ***It also suggests that DDT should never be used to dust or spray growing cereal crops."*** *- in journal "Food Manufacture", November 1950*

An observation reported by Dr. Albert B. Sabin, in the Journal of the A.M.A. in June 1947 is significant:

> *"Since the end of combat in the Philippines, poliomyelitis has been among the leading causes of death in American troops.*
> *Even though only the paralytic cases are reported from there,* ***the incidence of poliomyelitis in American troops in the Philippines has been at least 10 times as high as in the Army within the continental limits of the U.S. during the past 2 years.***
> ***Actually, I believe that it is even higher because 100's of cases which would have been diagnosed as dengue-like or sandfly-like fevers... under conditions which, in my opinion, would preclude the occurrence of both dengue and sandfly fever.***
> ***And yet checks of the surrounding native population revealed no outbreaks of poliomyelitis."***

We are dealing with double edged swords, for the very substances now promoted to increase the size of our crops, in the long run turn out to be detrimental to agriculture itself.

All these substances and the fantastically toxic parathion too, inhibit the growth of certain plants, and compounds of the DDT group also persistently poison the soil - so far as present evidence goes, for 5 or 6 years and possibly indefinitely.

There is no doubt in my mind that the widespread use of the new insecticides is implicated in the alarming rise in the incidence of deaths from heart attacks and other forms of vascular disease, especially in relatively young persons.

The mortality from this source increased 7% in the year 1946-47 alone.

Facts are stubborn, and refusal to accept them does not avoid their inexorable effects - the tragic consequences are now upon us." - Dr Morton S. Biskind, MD in "Statement On Clinical Intoxication From DDT And Other New Insecticides", Journal Of Insurance Medicine, May 1951.

1952

"DDT (Chlorophenoethane, Dichlorodiphenyl-Trichloroethane), in the USA was found to cause nerve damage, paralysis, and death, by respiratory failure in calf's, via milk.

In 1953 Switzerland researches confirmed the findings of the American study.

In 1916, during the first great polio epidemic in the U.S., milk distribution was also dominated by Anglo-Swiss multinationals.

Contemporary toxicologists consider milk to be a primary transmitter of pesticides because of its lipid (fatty) content and digestibility.

In milk, pesticides and other pollutants can mix with the milk fats and are efficiently carried into the human body.

By 1952 U.S. scientists discovered that calves died from

DDT carried in their mother's milk, and this was confirmed by the Swiss in 1953.

Since death by DDT arrives by way of nerve damage and resulting respiratory failure, it could be said that these calves were obvious examples of "infantile paralysis" (polio).

Notwithstanding, according to Rachel Carson (Silent Spring (1962) the dairy industry was loosely supervised by the FDA and has been not required to obey legislation that stipulates zero pesticide residue in milk.

The dairy industry has been given unusual leeway with regard to labelling laws.

Ciba-Geigy (now merged with Sandoz to become Novartis) has engaged in successful legal suits against the EPA to force the agency to allow higher environmental levels for Ciba-Geigy's pesticide products.

It is interesting to note that the U.S. Government has the power to decline any suit outright if deemed not in the state's interest.

For example, **an citizen's suit to ban DDT in the 1950s was thrown out by the court, the rationale given by the judge was that citizen groups had no right to sue in matters which were inherently a governmental concern."** - in "Clioquinol/SMON and Pesticides/Polio; The Milk Connection", HARpub, 1999.

1953

"In 1945 against the advice of investigators who had studied the pharmacology of the compound and found it dangerous for all forms of life, DDT (Chlorophenoethane, Dichlorodiphenyl-Trichloroethane) was released in the United States and other countries for general use by the public as an insecticide.

In addition to numerous variants of DDT itself, in widespread use appeared chlordane, toxaphene (chlorinated camphene), benzene hexachloride (hexachlorocyclohexane) and its gamma isomer, lindane (gammexane), heptachlor, and finally, going full circle, the

incredibly deadly aldrin and dieldrin, both chlorinated napthalenes.

In addition, the organic phosphorus compounds, closely related to the "nerve gases" of chemical warfare and lethal for man in minute doses, have also been widely used in agriculture — parathion, tetraethylpyrophosphate (TEPP), hexaethyltetraphosphate (HETP), malathion and others.

In 1951, the United States Public Health Service pointed out:

"DDT is a delayed-action poison.

Due to the fact that it accumulates in the body tissues, the repeated inhalation or ingestion of DDT constitutes a distinct health hazard.

The deleterious effects are manifested principally in the liver, spleen, kidneys, and spinal cord."

Since the last war there have been a number of curious changes in the incidence of certain ailments and the development of new syndromes never before observed.

A most significant feature of this situation is that both man and all his domestic animals have simultaneously been affected.

In man, the incidence of poliomyelitis has risen sharply.

It was even known by 1945 that DDT is stored in the body fat of mammals and appears in the milk.

With this foreknowledge the series of catastrophic events that followed **the most intensive campaign of mass poisoning in known human history, should not have surprised the experts.**

Yet, far from admitting a causal relationship so obvious that in any other field of biology it would be instantly accepted, virtually the entire apparatus of communication, lay and scientific alike, has been devoted to denying, concealing, suppressing, distorting and attempts to convert into its opposite, the overwhelming evidence.

Libel, slander and economic boycott have not been overlooked in this campaign.

Early in 1949, as a result of studies during the previous

year, **the author published reports implicating DDT preparations in the syndrome widely attributed to a "virus-X" in man, in "X-disease" in cattle and in often fatal syndromes in dogs and cats.**

The relationship was promptly denied by government officials, who provided no evidence to contest the author's observations but relied solely on the prestige of government authority and sheer numbers of experts to bolster their position.

["X-Disease"] studied by the author following known exposure to DDT and related compounds and over and over again in the same patients, each time following known exposure.

We have described the syndrome as follows:

In acute exacerbations, mild clonic convulsions involving mainly the legs, have been observed.

Several young children exposed to DDT developed a limp lasting from 2 or 3 days to a week or more.

Simultaneously with the occurrence of this disorder [X-disease] a number of related changes occurred in the incidence of known diseases.

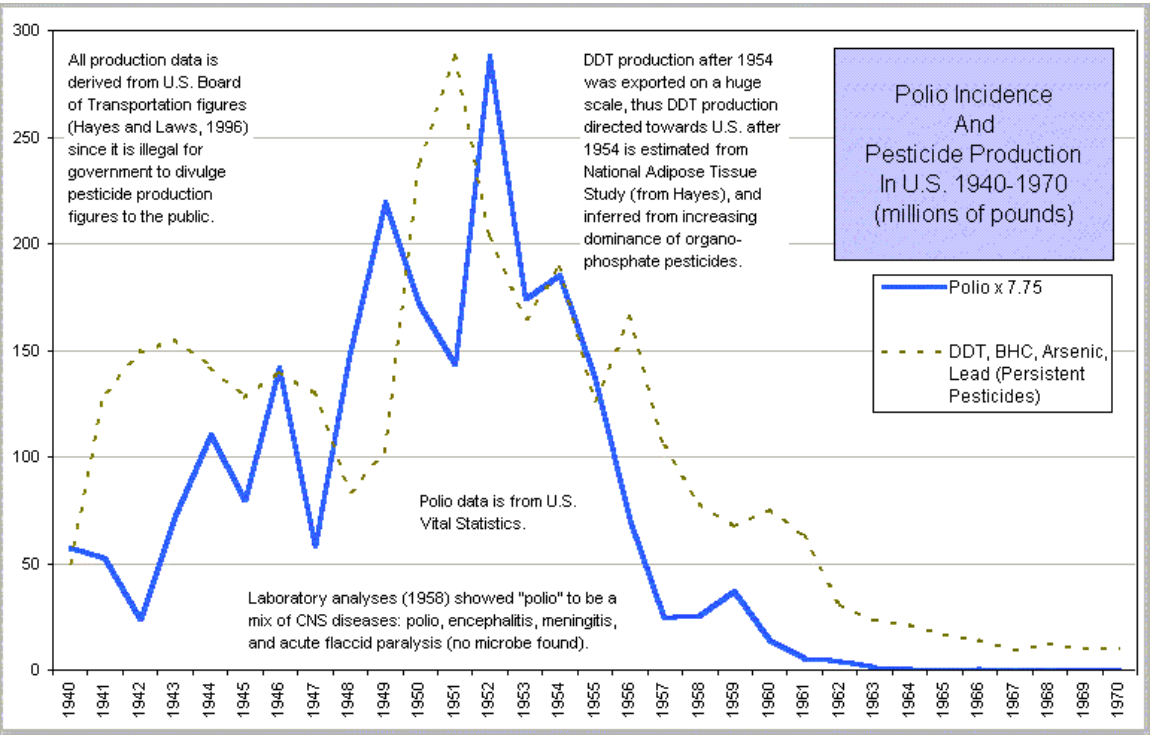
The most striking of these is poliomyelitis.

In the United States the incidence of Polio had been increasing prior to 1945 at a fairly constant rate, but its epidemiologic characteristics remained unchanged.

Beginning in 1946 the rate of increase more than doubled.

Since then remarkable changes in the character of the disease have been noted.

Contrary to all past experience, the disease has remained epidemic year after year." - Dr Morton S. Biskind, MD in "Public Health Aspects of the New Insecticides", American Journal of Digestive Diseases, November 1953.



Graphic by HARpub, 1999

1955

"Baseless rumours of the hidden dangers of DDT - which are on a par with stories of the baneful effects of the use of aluminum cooking utensils - are obviously difficult to combat convincingly.

The truth about the chance of DDT poisoning is here - it may prove helpful in answering inquiries.

The properties of DDT have been under investigation since 1939 and in this country since 1942.

The compound has been in general use in this country since 1946 and previously was the subject of extensive military experience.

The reasons for the continued interest in the toxicology

and pharmacology of the compound lie in the fact that a greater tonnage of it is produced than any other insecticide, that it occurs as residues in food, and that it is stored in human tissue.

In severe poisoning convulsions may intervene and there may be paresis of the hands.

General symptoms include malaise, headache, and fatigue.

Very large doses are followed promptly by vomiting.

Delayed vomiting or diarrhea, or both, may also follow." - Dr Wayland J. Hayes, Jr., MD, in "Present Status of Our Knowledge of DDT Intoxication", American Journal of Public Health, April 1955.

> ***"In Brazil, the Salk Vaccine began to be used in 1955,*** *through the intermediary of some pediatricians and in very limited vaccinations, promoted by state and municipal health departments, basically in Rio de Janeiro and São Paulo.*
> ***In October 1960, some newspapers announced the intensification of immunization against poliomyelitis*** *with the Salk vaccine,* ***since at that time there was an increase in the incidence of the disease in some capitals."*** *- in "A história da poliomielite no Brasil e seu controle por imunização", 2003.*

The Polio Vaccine

"In April 1955 more than 200,000 children in 5 Western and mid-Western USA states received a polio vaccine.

Within days there were reports of paralysis and within a month the first mass vaccination programme against polio had to be abandoned.

Subsequent investigations revealed that **the vaccine, manufactured by the California-based family firm of Cutter Laboratories, had caused 40,000 cases of polio, leaving 200 children with varying degrees of paralysis and killing 10.**

As a result:

"Vaccines were among the first medical products almost eliminated by lawsuits."

- in "The Cutter Incident: How America's First Polio Vaccine Led to a Growing Vaccine Crisis", J. R. Soc. Med., March 2006.

"Brazil was certified, by the World Health Organization, as free of poliomyelitis in 1994. However, the disease, also called polio or infantile paralysis, runs a great risk of being reintroduced in the country. The assessment is by researcher Fernando Verani, an epidemiologist at the National School of Public Health (ENSP/Fiocruz). The reasons for the alert are several. The main one is the low vaccination coverage. Despite the seriousness of the consequences caused by polio, since 2015 Brazil has not met the target of 95% of the target public being vaccinated." - in "Fiocruz researchers warn of risk of polio return in Brazil", 4 May 2022.

The Foundation Oswaldo Cruz (Fiocruz) is the "de facto" puppet organization in Brazil, that is funded both directly and indirectly; by the UN, WHO, CDC, and the usual suspects, such as the Vaccine Peddlers well known in international circles, which are the largest shareholders in the largest international Pharmaceutical Companies.

FIOCRUZ, was also the clown organization in Brazil that during the Fake Covid-19 "pandemic", where coming up with the Brazilian "Variants" of the Covid-19 "Virus".

In Manaus, they had a clown mumbling away nonsensical stupidity on the "emergence" of "new" Covid-19 "variants".

So, **in the middle of the so-called "Covid-19" "Pandemic", this clowns where alerting, yet again for another fake "pandemic",** which obviously **needs to be prevented by Pharmaceutical Coerced Mass Vaccination.**

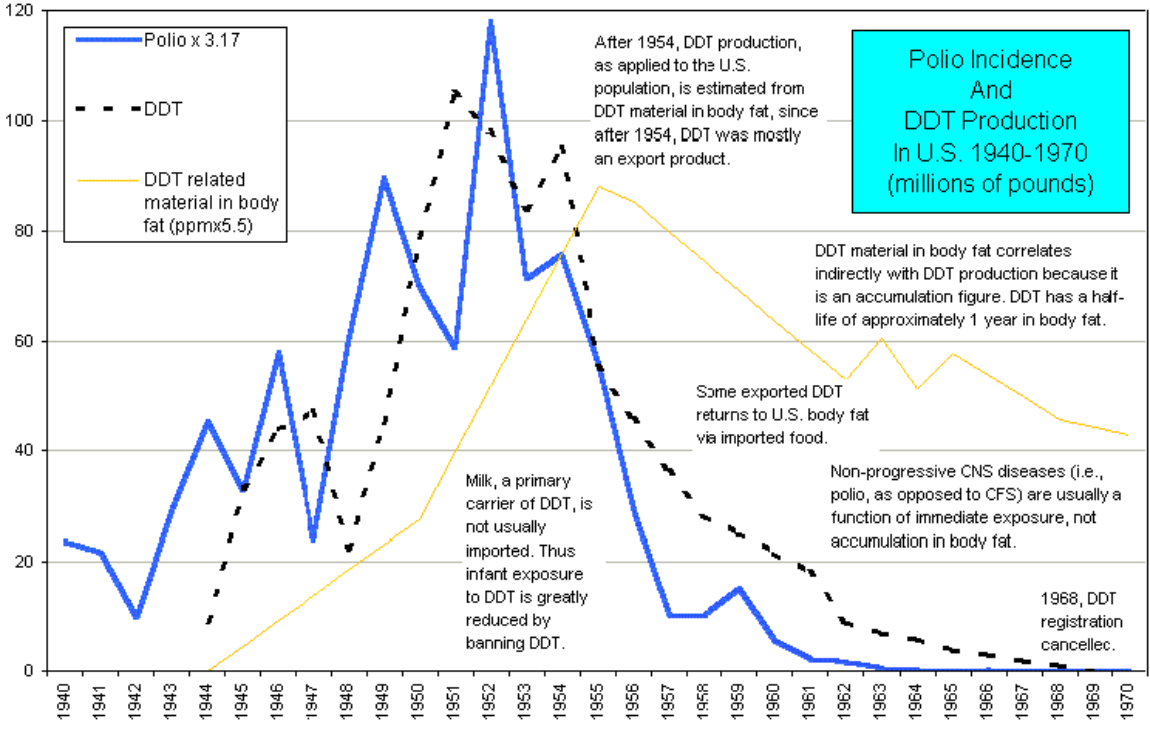
*"**Foundation Oswaldo Cruz (Fiocruz) acted as one of the main research centers and producers of knowledge in the Influenza A(H1N1) pandemic, in the Zika and Microcephaly Epidemic of 2105/2016 and in the Covid-19 Pandemic. In this, it played a strategic role in the production of one of the vaccines against the disease, delivering millions of doses of immunizers to the SUS (Brazil National Health System). The signing of the agreement by Fiocruz with the United Kingdom** also aimed to guarantee the totally national production of the vaccine with the total transfer of technology." - in "History of the Foundation Oswaldo Cruz", Fiocruz, 15 May 2023.*

1958

"By the end of 1958, 72,000,000 had been inoculated. Infants under 5 comprised 51.7% of all paralytic polio cases. Only 55% of persons, below age 40 were vaccinated (52 million). **The poliovirus could not be associated with 26% of the non-paralytic polio cases, nor could it be associated in 14% of the paralytic cases.**

Dr Biskind, MD had the composure to argue what he thought was the most obvious explanation for the polio epidemic: **Central Nervous System diseases such as polio are actually the physiological and symptomatic manifestations of the ongoing government and industry sponsored inundation of the world's populace with central nervous system poisons."** - in "Polio in the United States", HARpub, 1999.

*"**Experts say that each year thousands of children are Paralysed by polio because of Injections. Most of these Injections are not Needed. And 1 out of every 3 cases of Paralysis from polio is caused by Injections."** - Professor David Werner, Boston University School of Public Health, Department of International Health, in "Where There is No Doctor: A Health Care Handbook" 1992.*



Jim West in "Pesticides and Polio: A Critique of Scientific Literature", 2003.

"The orthodox view is that this [poliovirus] antibody is a result of a process of widespread latent immunization by subclinical infections with the specific virus.

There is no direct evidence whatever in favour of this hypothesis.

There is no fully substantiated record in the literature of an individual whose serum at first containing no poliomyelitis antibody later developed it in adequately measured amount, and therefore no indication of the nature of the event responsible for the change.

It is concluded that "poliomyelitus antibody" is not a result of exposure to or infection by the virus of epidemic poliomyelitis.

[In addition to this study, h]ere we need only refer to Harmon and Harkins (1936), which showed that of 183 convalescent sera 10% failed to neutralize the virus.

As a control series they quote the results of examination of 512 "normal" sera.

These observations, cast doubt upon the importance of a single attack of poliomyelitis for the production of antiviral substance'.

Brodie et al (1937 and 1938) cover very much the same ground, [other studies include]." - in "Poliomyeltis: The Significance of Neutralizing Antibodies in Human Sera", Journal of Experimental Biology, 1939.

"Studies from Finland have shown an association of Guillain Barre Syndrome (GBS) with Oral Polio Vaccines (OPV) vaccination campaigns, and similar findings have been reported from Turkey.

The Institute of Medicine has suggested that it is biologically plausible that OPV causes GBS and that the evidence favors the existence of a causal relationship.

We speculated that repeated doses of the live vaccine virus delivered to the intestine may colonize the gut and alter the viral microbiome of the intestine, and this can result in strain shifts of enteropathogens.

It is possible that new neurotropic enteroviruses **colonizing the gut may induce paralysis.**

491,000 additional cases of Paralysis" - in "Correlation between Non-Polio Acute Flaccid Paralysis Rates with Pulse Polio Frequency in India", Int. J. Environ. Res. Public Health, 15 August 2018.

We Don't Have A Purified Virus

"Outbreaks of encephalitis from the "West Nile" Virus are not getting the proper scientific attention.

> ***"We don't have a purified form of the virus.***
> *Cellular material could interact with the virus to enhance the replication of viral particles." - Robert McLean*

What McLean (one of several federal scientists prominently involved in West Nile virus studies) **left unsaid was the possibility that the cellular material itself could be sufficiently toxic to cause damage to tissue, with or without the virus.**

On the basis of the tests, he began to theorize that the epidemic of dead birds was likely due to pesticides.

In fact, Stone couldn't recall anyone in his line of work doing air toxicology tests on birds.

When Stone's conclusions about pesticides and dead birds were about ready to be released in a DEC report, a human mystery disease was given an identity.

New York Mayor held a press conference on 3 September 1999, to announce that scientists at the Centers for Disease Control and Prevention CDC, had identified the St. Louis Encephalitis (SLE) virus, which is transmitted by mosquitoes, as the culprit in the hospitalizations of several elderly patients.

They initially had high fever, headaches and altered mental status and gradually showed signs of brain inflammation.

Soon helicopters and trucks began spraying areas of New York City with the highly toxic insecticide, malathion." - in "Commentary: Questions on West Nile Virus", ABC News, 29 August 2001.

Not the Result of a Virus But More Likely of a Substance made in the Tissues through the Influence of a group of non-specific Chemicals

"As noted in the preceding (A. Carrel, C.R. de la Soc. de Biol., 1925, t. XCII, p.1491; C.R. de la Soc. de Biol., 1925, t. XCIII, p.491), **it has been shown that the sarcoma tumour due to TAR is extremely malignant and is easily propagated through its filtrate of extract, and of which this filtrate possesses, in this way a principle of Rous, the properties of transformation in vitro of the macrophages in tumour cells and their abundant reproduction in cultures.**

This experiment leads one naturally to a hypothesis in which the Rous sarcoma is not infective and in which the filtrate should be considered, **which is not a virus, more likely a substance possessing certain properties of a virus, and made in the tissues through the influence of a group of non-specific chemicals.**

In order to verify this hypothesis, we have studied the generation of sarcomas in the chicken with the aid of various substances, and determined whether it is possible that the filtered extracts of these neoplasms can produce the primitive tumour in vivo and in vitro." - Dr Alexis Carrel, MD, from The Laboratories of the Rockefeller Institute, New York, in "Haebdomadaires Des Seances Et Memoires De La Societe Biologie", 31 October 1925.

Its Chemical Poisoning Not a "Virus"

"The association of viruses with cases of poisoning is a well recognized fact.

It is illustrated by the Herpes Simplex that follows the injection of vaccines, milk, colloidal metals, ingestion of foodstuffs, general anaesthesia, etc., **and the Herpes Zoster that follows the intake or injection of arsenic, bismuth and sulfonamides, and carbon monoxide, alcohol, or phenobarbital poisoning.**

Ritchen and Kantor (1947) reported Herpes Zoster as a Toxic Manifestation from the administration of antimony in the treatment of schistosomiasis.

Both Herpes Simplex and Herpes Zoster occur at times in association with infectious diseases, which appears to indicate that toxins produced in the course of these specific diseases may be responsible.

The lesions of both herpes simplex and herpes zoster, regardless of the primary cause, are histologically characterized by intranuclear inclusion bodies.

In 1900, there occurred an epidemic of arsenical poisoning in and around Manchester, England, involving several thousand beer drinkers.

For fully 6 months the etiology was not discovered and the patients exhibited in sequence digestive symptoms, nasal and pharyngeal catarrh, bronchitis, acute skin lesions, disturbances of sensibility, motor paralysis, pigmentation and keratoses.

Reynolds, toward the end of this period, observing an unusually large number of cases of Herpes Zoster during the epidemic and recalling numerous reports of this type of eruption occurring in association with arsenical poisoning, came to the conclusion that this drug must be the source of the epidemic.

Investigations revealed that the arsenic originated from Spanish pyrites that war used in the making of sulfuric acid which was employed for the preparation of sugars used in the brewing of beer.

Thus, the cause of a mysterious epidemic with many protean features, viz, gastro-intestinal, respiratory, dermatological, and nervous symptoms was eventually unravelled by finding the clue in a: virus disease which was a concomitant feature.

In the earlier literature there appeared many reports of cases of Poliomyelitis complicating or following the common infectious diseases, viz, measles, scarlet fever, influenza, smallpox, etc., which were interpreted as resulting from the effects of the Toxins of the original disease on the anterior horn cells of the spinal cord.

More recent work, which indicates a similar situation, is the poliomyelitis following the injection of toxic antigens, viz, pertussis vaccine and diphtheria toxoid.

A clue to a relationship between virus diseases and diseases resulting from toxic causes appears to exist in the inclusion body.

These bodies were considered to occur only in virus diseases and to be composed of numerous virus particles or elementary bodies.

However, **it is now known that inclusion bodies occur not only in virus diseases but also in a variety of other diseases, including those resulting from poisons and toxins.**

The word "virus" was originally used only in the singular and meant a poison.

The original concept, i.e., that the poliomyelitis virus is an exogenous organism is so deep-rooted in the minds of many physicians, as well as the public, **that ineffective and obsolete measures to control human poliomyelitis continue to be employed.**

There are potential poisonous and toxic activating factors present in food and water during epidemics of poliomyelitis that can account for much that has been thus far unexplainable by the exogenous virus theory.

Little attention has been given to the kind or the source of the food or drink used by poliomyelitis patients prior to or during epidemics of this disease.

Dr H. C. Emerson (1909), Massachusetts State Inspector of Health, District 14, investigating an epidemic of poliomyelitis in that state [date of epidemic is 1908], made careful inquiries regarding the food that had been eaten by the patients.

He found in 6 cases that fruit and berries had been a large item of the diet.

In the case of 2 infants, bananas and berries had been given in the diet.

In 3 cases of poliomyelitis, the illness was attributed to the eating of large amounts of blackberries and blueberries.

In 1 case the illness was credited to eating heartily of English mulberries.

In 39 instances it was stated that food supplies were bought from fruit and vegetable peddlers in their localities.

Draper (1935) recorded a series of cases of poliomyelitis which he considered to have originated from the fruit purchased from a fruit dealer.

Barber (1939) reported 4 cases of poliomyelitis that developed simultaneously on the same day from the eating of strawberries in a single house of an English boarding school.

Barber points out that the simultaneous onset of these cases resembled food poisoning.

Goldstein et al (1946) reported an epidemic of polioencephalitis at a naval training school among cadets.

The epidemic was explosive in character and involved over 100 persons.

Epidemiological evidence suggested that some food served in the mess hall was the cause of the disease.

Gebhardt and McKay (1946) investigated an epidemic of poliomyelitis in Utah in 1946.

The only food in common in all cases in the survey were fresh fruits and vegetables and under conditions of drought, fertilization by chemicals and other factors.

Plants in an unhealthy condition, whether this is brought about by malnutrition, improper transpiration,

insect attack or other causes, usually contain more toxic products than healthy ones.

Toxic products, likewise, are to be found in spoiled foods during the warmer months.

Cows, deprived of their normal forage during droughts, are forced to overgraze and will at times eat deep-rooted poisonous weeds and other toxic plants, thus transmitting the poisonous principle into the milk and milk products.

Milk may contain not only the toxins from weeds and plants that are transmitted by the cow but toxins may develop also in the milk after it is procured as a result of bacterial activity and chemical changes.

Another factor to be considered during droughts and epidemics of poliomyelitis is that many wells dry up; others, that are productive, may contain toxic organic matter.

Larger bodies of water supply are also affected by drought and may also contain toxic organic matter, and under conditions of drought, fertilization by chemicals and other factors.

Another factor to be considered during droughts and epidemics of poliomyelitis is that many wells dry up; others, that are productive, may contain toxic organic matter.

The insect menace to crops, etc. during the warm months of the year is controlled by poisonous insecticides which is also a factor of importance to be taken into consideration during epidemics of poliomyelitis.

In agriculture alone 232 million pounds of insecticides were used in the United States in 1951, and 252 million pounds in 1952.

The increase in poliomyelitis during recent years runs parallel with the increasing use of insecticides which may be more than a coincidence.

Lille et al showed that one insecticide, DDT, may produce degeneration of the anterior horn cells of the spinal cord of animals.

Although epidemics of poliomyelitis occur notably during droughts, some have appeared when rainfall is excessive.

In either case, **the normal growth of vegetation is interfered with and toxic products may develop in fruits and vegetables.**

The seasonal incidence of epidemics of poliomyelitis has always been one of the puzzling features of the disease.

In the Northern hemisphere, poliomyelitis occurs mainly in the summer and autumn whereas in the Southern hemisphere, it occurs in the first 4 months of the year.

These facts correspond with the growth season and harvest of perishable fruits and vegetables in these different parts of the world.

In the United States, poliomyelitis appears about a month earlier in the Southern states than in the northern.

The incidence of poliomyelitis in this country likewise corresponds with the growth and harvest seasons.

The cessation of epidemics of poliomyelitis with the onset of cold weather is explained by the cessation of growth and harvest of vegetation.

It is common knowledge, even among the laity, that with the onset of cold weather poliomyelitis epidemics subside and finally disappear.

They state also that the kidneys in cases of human poliomyelitis show changes that may be attributed to a general systemic toxemia.

In practically all cases of human poliomyelitis there is intense congestion of the blood vessels throughout the body.

The widespread lymphoid hyperplasia found consistently in gross and **microscopic autopsy examinations in cases of human poliomyelitis never has been explained on the basis of a virus infection.**

There is involvement of Fever's patches and the solitary follicles of the gastro-intestinal tract, mesenteric and retroperitoneal lymph nodes, peribronchial lymph nodes, thymus, malpighian corpuscles of the spleen, tonsils, adenoid tissue of the nose and throat, and the lymph nodes of the neck, axilla, groin, and other parts.

Burrows (1931) in a series of about 50 autopsies, noted

that the maximum amount of lymphoid hyperplasia was in Peyer's patches and the solitary lymph follicles of the gastro-intestinal tract and the mesenteric lymph nodes.

He felt that the nerve tissue changes were secondary to those existing in the lymph channels of this tissue.

It is a well known fact that lymphoid hyperplasia can occur as a result of poisons and toxins.

Doubtless the **lymphoid hyperplasia in human poliolmyelitis is an expression on the part of the body to poisons and toxins in which protection is afforded by hyperplasia of its reserve forces, the lymphatic apparatus.**

The intense reaction in the gastro-intestinal tract not only explains the reaction to a poison but likewise the clinical manifestations of gastro-intestinal irritation that so frequently occur in cases of human poliomyelitis.

This intestinal protein (virus), according to Gard, is non-pathogenic, but under the influence of exogenous factors is pathogenic when injected into experimental animals.

Further proof that the virus in the intestinal tract does not enter the human body to cause human poliomyelitis is indicated by repeated failures to isolate a virus from the blood stream, although human poliomyelitis is generally considered to be a generalized systemic infection.

The isolation of a virus from the blood stream would not necessarily indicate that it gained access to the body from the external environment." - Dr Ralph R. Scobey, MD, in "Is Human Poliomyelitis Caused By An Exogenous Virus?", Archives of Pediatrics, 1954.

Polio Vaccine Now Cause More Paralysis Than Wild Polio

"There's the Gates-founded and funded Meningitis Vaccine Project, which led to the creation and testing of MenAfriVac, a $0.50 per-dose immunization against meningococcal meningitis.

The tests led to reports of between 40 and 500 children suffering seizures and convulsions and eventually becoming paralyzed, ("De nombreux enfants de Gouro hospitalises", La Voix, p.9).

There's the 2017 confirmation (Mutant Strains Of Polio Vaccine Now Cause More Paralysis Than Wild Polio, 28 June 2017) that the Gates-supported oral polio vaccine was actually responsible for the majority of new polio cases and the 2018 follow up (What is vaccine-derived polio?, The Economist, 19 December 2018), showing that 80% of polio cases are now vaccine-derived.

There's August 2018 paper "Correlation between Non-Polio Acute Flaccid Paralysis Rates with Pulse Polio Frequency", International Journal of Environmental Research and Public Health, concluding that over 490,000 people in India developed Paralysis as a result of the oral Polio Vaccine between 2000 and 2017.

There's even the WHO's own malaria chief, Dr Arata Kochi, who complained in an internal memo, that **Gates' influence meant that the world's leading malaria scientists are now "locked up in a 'cartel' with their own research funding being linked to those of others within the group",** and that the Foundation **"was stifling debate on the best ways to treat and combat malaria, prioritizing only those methods that relied on new technology or developing new drugs."**

"The chief of malaria for the World Health Organization (WHO), has complained that the growing dominance of malaria research by the Bill and Melinda Gates Foundation risks stifling a diversity of views among scientists and wiping out the world health agency's policy-making function." *- "Gates Foundation's Influence Criticized", The New york Times, 16 February 2008.*

"The work of Gates remains largely unscrutinized, *said Sophie Harman, Academic, Queen Mary University of London. At a time when* ***the Global Health community is so disproportionately reliant on Gates Foundation funding, this is worrisome,*** *she added: "If they use their wealth for neglected areas of global health, great.* ***But for me, that's not enough to be legitimate."*** *- in "The media loves the Gates Foundation. These experts are more skeptical", Vox, 10 June 2015.*

Kochi's complaint, written in 2008, highlights the most common criticism of the **Global Health web that Gates has spun in the past two decades: that the Public Health Industry has become a racket run by and for Big Pharma and its partners for the benefit of big business."** - James Corbett, "Who is Bill Gates", The Corbett Report, 1 May 2020.

Poliomyelitis Is Clearly Non-Contagious

"Although an extensive epidemic of poliomyelitis had occurred in Vermont in 1894, that was described by Caverly, no extensive outbreak of the disease aroused widespread attention in this country until the 1907 epidemic occurred in New York and Massachusetts.

Caverly had stated emphatically 13 years before:

> ***"There was a general absence of infectious disease as an etiologic factor in this epidemic.***
> ***The element of contagion does not enter into the etiology either.***
> ***I find but a single instance in which more than one member of a family had the disease*** *and it usually occurred in families of more than one child and as* ***no efforts were made at isolation, it was very certain it was non-contagious."***

The mother, general practitioner, country doctor and clinician have all made important observations during epidemics of poliomyelitis and have formulated their own theories regarding the cause of the disease.

However, they have been unable to have these observations seriously considered, especially when they have disagreed with the orthodox concept of the cause of the disease.

This situation is admittedly unfortunate since **our fundamental knowledge of the disease, as incorporated in the public health law, has originated form laboratory workers experimenting on animals that are not naturally susceptible to poliomyelitis.**

Jelliffe, 32 years ago, cautioned:

> ***"The purity of laboratory experimentation is rarely repeated in nature."***

At one time or another the classical dietary deficiency diseases, beriberi and pellagra, and even sunstroke, have been considered to be communicable infectious diseases.

If by law any one, or all of these diseases, had been made a reportable communicable disease, it is obvious that today it would legally be a germ disease and a search for the causative germ might still be in progress.

If beriberi and pellagra had been made reportable communicable diseases, it is conceivable that the epochal studies on vitamins by Funk and subsequent workers could have been ignored in the search for the infectious agent as the etiological factor in these diseases.

The progress of medicine would have been seriously retarded.

A virus theory has been considered as an etiological factor in relation to other diseases, notably cancer, and convincing evidence has been presented to support this hypothesis.

Nevertheless, research goes on in this study of cancer cause along many lines of investigation which include the virus theory rather than on virus studies only, **excluding other theories, as in the investigation of poliomyelitis.**

If cancer were incorporated in the public health law as a reportable communicable disease as a result of these studies, it is obvious that unlimited research would cease and that those who maintained non-infectious theories to explain the cause of the disease would neither be able to obtain funds for extensive research nor cooperation for investigating their ideas.

The time is long past due for careful reappraisal of the poliomyelitis problem and for many capable workers with various opinions regarding the cause of the disease to be given the opportunity to work and the funds with which to work.

The implications of the public health law that poliomyelitis is an infectious communicable disease must be reconsidered if progress is to be made." - Dr Ralph R. Scobey, MD, "Is The Public Health Law Responsible For The Poliomyelitis Mystery?, Archive Of Pediatrics, May 1951.

Dr Morton Biskind, MD: Warns

"In 1945, against the advice of investigators who had studied the pharmacology of the compound and found it dangerous for all forms of life, DDT (chlorophenoethane, dichloro-diphenyl-trichloroethane) was released in the United States and other countries for general use by the public as an insecticide."

> *"Since the last war there have been a number of curious changes in the incidence of certain ailments and the development of new syndromes never before observed.*
> *A most significant feature of this situation is that both man and all his domestic animals have simultaneously been affected.*
> *In man, the incidence of poliomyelitis has risen sharply."*

"It was even known by 1945 that DDT is stored in the body fat of mammals and appears in the milk.

With this foreknowledge the series of catastrophic events that followed the **most intensive campaign of mass poisoning in known human history, should not have surprised the experts.**

Yet, far from admitting a causal relationship so obvious that in any other field of biology it would be instantly accepted, virtually the entire apparatus of communication, lay and scientific alike, has been devoted to denying, concealing, suppressing, distorting and attempts to convert into its opposite, the overwhelming evidence.

Libel, slander and economic boycott have not been overlooked in this campaign."

"Early in 1949, as a result of studies during the previous year, the author published reports implicating DDT preparations in the syndrome widely attributed to a 'virus-X' in man, in 'X-disease' in cattle and in often fatal syndromes in dogs and cats. The relationship was promptly denied by government officials, who provided no evidence to contest the author's observations but relied solely on the prestige of government authority and sheer numbers of experts to bolster their position."

"[X-disease] studied by the author following known exposure to DDT and related compounds and over and over again in the same patients, each time following known exposure.

We have described the syndrome as follows:

In acute exacerbations, mild clonic convulsions involving mainly the legs, have been observed.

Several young children exposed to DDT developed a limp lasting from 2 or 3 days to a week or more."

"Simultaneously with the occurrence of this disorder [X-disease], a number of related changes occurred in the incidence of known diseases.

The most striking of these is poliomyelitis.

In the United States the incidence of polio had been increasing prior to 1945 at a fairly constant rate, but its epidemiologic characteristics remained unchanged.

Beginning in 1946, the rate of increase more than doubled. Since then remarkable changes in the character of the disease have been noted.

Contrary to all past experience, the disease has remained epidemic year after year." - Dr Morton Biskind, MD, Published Works

Glossary

Poison: Any substance that is harmful or destructive to a living biological system.

Toxin: A poison which is derived from a biological source.

"In July 2002, newspapers across the globe reported that scientists had created a virus in a test tube.

This unexpected news struck a raw nerve among lay people and scientists alike.

What really happened?

Guided by the nucleotide sequence, which my colleagues and I determined in 1981, Jeronimo Cello, Aniko Paul and I described the chemical synthesis of a DNA molecule equivalent to the poliovirus genome.

Using methods that we developed in the 1980s and 1990s, we then converted the virus-specific DNA by simple in vitro biochemical manipulations into authentic poliovirus particles.

On paper, the synthesis looked simple and, not surprisingly, it was immediately predicted — correctly — that a similar method could be used to synthesize any virus, including smallpox.

Poliovirus, is a human virus that replicates in the gastrointestinal tract after ingestion.

In rare instances, the virus invades the central nervous system where it destroys motor neurons that control muscle movement.

This results in a terrifying disease, called poliomyelitis, which leads to irreversible paralysis and even death.

The empirical formula of poliovirus is $C_{332,652}H_{492,388}N_{98,245}O_{131,196}P_{7,501}S_{2,340}$.

There might be little practical use in describing poliovirus by its empirical formula, but it persuasively portrays the virus as a chemical.

It was believed that without parental genomes, no daughter cells or progeny viruses would arise.

We have broken this fundamental law of biology by reducing poliovirus to a chemical entity, which can be synthesized on the basis of information stored in the public domain — **an experimental proof of principle that is applicable to the synthesis of all viruses.**

The synthesis of a replicating 'organism' in the absence of a natural template was without precedent at the time of its publication in 2002.

Leaving the scientific aspects aside, there were two factors that we believe contributed to the emotional, and sometimes **contradictory, reactions.**

"Whether or not viruses should be regarded as organisms is a matter of taste," according to André Lwoff.

Viruses have been excluded from classification as living entities because they **do not consume 'food' or produce 'waste', because they lack metabolism.**

Our experience of synthesizing poliovirus has inspired us to pursue viral genome synthesis for medical applications, for example, to explore novel strategies in vaccine development.

Poliovirus cannot be declared extinct because the sequence of its genome is known and modern biotechnology allows it to be resurrected at any time in vitro.

This is true for all viruses, including smallpox.

Another landmark publication in virology was the resurrection of the Spanish influenza virus by chemical synthesis (Tumpey et al, 2005).

A tentative genome sequence of the Spanish influenza virus was deciphered from specimens uncovered eight decades (80 Years) after the pandemic." - in "The test-tube synthesis of a chemical called poliovirus: The simple synthesis of a virus has far-reaching societal implications", EMBO Rep., July 2006.

Its the Mosquito Fault - Farce

The World Health Organization (WHO), directs both DDT application (for mosquito control), and Polio Vaccination worldwide.

Please bear in mind that neither viruses exist, not it is possible to kill (eradicate), all mosquitoes in the world.

Thus the Polio Virus Farce is a Business Venture of the Pharmaceutical Industry, the Medical Trade and the United Nations, so-called World Health Organization.

When DDT and BHC were phased out from the developed nations and at the same time vaccination programs were dramatically credited with saving these countries from the ravages of the poliovirus.

However, the banned pesticides continued with higher than ever total distribution in the under-developed countries thanks to WHO anti-mosquito campaigns, where to this day acute flaccid paralysis (AFP), polio, and DDT/BHC still prevail.

DDT application, DDT phase-out programs, and polio vaccination programs are all being directed in these countries concurrently by the World Health Organization.

In 1983, via new legislation, DDT was allowed back into the U.S. marketplace, but only in pesticide blends.

Within only a few months of this re-entry, a new kind of polio epidemic suddenly occurred.

> ***"From August 1984 through January 1985, 9 cases of paralytic disease and one case of aseptic meningitis due to wild poliovirus type 3 were reported in Finland. "*** *- in "Poliomyelitis Outbreak - Finland, 1984-1985", MMWR, CDC, 14 February 1986.*

> ***"There have been no confirmed cases of paralysis due to polio caught in the UK since 1984. Although some poliovirus has been found in sewage from London*** *recently, the risk of getting it remains extremely low." - in "Polio", NHS, 16 September 2022.*

It was labelled "post-polio", the re-emergence of polio symptoms in former victims.

This has involved approximately 600,000 victims.

Central nervous system diseases other than polio continue in the U.S. and throughout the world:

Acute Flaccid Paralysis,
Chronic Fatigue Syndrome,
Encephalitis,
Meningitis,
Muscular Sclerosis, and
rarely in humans, Rabies.

It is clear that the Medical Trade and the Pharmaceutical Industry is out of control and a threat to Humankind, Civilization, the Animal and Natural World.

Epidemic Intelligence Service - 1951

"The CDC disease-control mission was increasingly being regarded as obsolete, prompting serious discussions about abolishing the CDC altogether.

The situation changed in 1949 when the CDC brought on board Alexander Langmuir, an associate professor at the Johns Hopkins University School of Hygiene and Public Health.

Langmuir was the CDC's first VIP, bringing with him both his expertise in epidemiology (the statistical study of epidemics) and his high-level connections - including his security clearance as one of the few scientists privy to the Defense Department's biological warfare program.

Langumuir and talked public officials and Congress into giving the CDC contingent powers to deal with potential emergencies.

In July of 1951 he assembled the first class of the Epidemic Intelligence Service (EIS), composed of 23 young medical or public health graduates.

After 6 weeks of intensive epidemiological training,

these EIS officers were assigned for 2 years to hospitals or state and local health departments around the country.

Upon completing their field experience, EIS alumni were free to pursue any career they desired, on the assumption that their loyalties would remain with the CDC and that they would permanently act as its eyes and ears.

The focus of this elite unit was on activism rather than research and was expressed in its symbol - a shoe sole worn through with a hole.

According to British epidemiologist Gordon Stewart, a former CDC consultant, the EIS was nicknamed the Medical CIA." - Dr Peter H. Duesberg, Professor of Molecular and Cell Biology, University of California, in "Inventing The AIDS Virus", 1996.

1999

"5 Nobel prizes and 12 various other esteemed prizes have been awarded for virus studies relating to attempts to find in the phenomena of the Rous sarcoma, a virus cause for cancer.

In spite of the prizes, these studies have all proved fruitless (Duesberg, op. cit.).

No prizes or recognition has been awarded for the discovery of the toxic cause of sarcoma, nor the symbiotic role of tumors.

It appears that **this virology of the 1920's represents the foundation for modern virology, vaccine technology, molecular biology, and genetic engineering.**

This foundation has been based upon the material, effects, and data derived from poisoning.

Methods of "poisoning", along with the continued redefinition and substitutions for the word "poison", with only nucleic acid and genetically manipulated tissue, are now being developed that are incredibly complex in their economic (medical, agricultural) and politically strategic significance (covert and overt policies regarding medical, agricultural, and military).

The number one corporation involved in Genetic Engineering is the premier poison manufacturer, Novartis (Ciba-Geigy), the developer of DDT and the owner of malathion." - in "Carrel's Experiments Regarding Toxin-Caused Sarcomas", HARpub, 1999.

2002

"The presence of DDT, BHC and other persistent pesticides correlate with Neurological Disease Epidemics during the 20th century, though a complex curve.

Apparently, disease investigations are greatly biased against toxicology; witness the usual omission and avoidance of toxicology.

Virology stands on relatively weak ground, having created its own standards of proof for causation that would never hold in any other science.

Money influences the Theatre of Medical Science and viruses have few Dollars to spend on lawyers and laboratories, whereas chemical poisons are defended by the world's largest corporations.

Mere association seems sufficient to identify and declare a virus the culprit." - Jim West, in Rapid response to: "It is time to dismiss calls to ban DDT", BMJ, 3 December 2002.

2012

"Interference in Respiratory and Gastrointestinal Infections has been reported after receipt of live oral Poliovirus Vaccine." *- in "Increased Risk of Noninfluenza Respiratory Virus Infections Associated With Receipt of Inactivated Influenza Vaccine", Clin. Infect. Dis., 15 June 2012.*

2017

£100 Million Pledge in Fight to Make Polio History

"Bill Gates has hailed a "fantastic" pledge from the UK, which leads a final global push to eradicate polio.

International Development Secretary Priti Patel has unveiled an additional £100 Million of support for worldwide efforts to tackle the disease.

The package will help immunise up to 45 million children against polio each year until 2020 – when it is hoped the world could be declared polio-free.

Gates, chairman of the **Bill & Melinda Gates Foundation**, said:

> ***"It's fantastic to see such a generous pledge from the UK to the global effort to eradicate polio."***

- in "Bill Gates hails UK's 'fantastic' £100 Million pledge in fight to make polio history", The Sunday Post", 4 August 2017.

Insecticides Neurotoxic Actions

"Approximately 200 active ingredients have been commercialized as insecticides since World War II.

Pesticide innovation was our primary objective in arranging the symposium, **knowledge of the neurotoxic actions of pesticides has other important applications.**

It is critical to understanding the toxicological consequences and hazards of exposure to nontarget organisms.

Also, if we view insecticides as potent and specific biological probes, they tell us much **regarding normal nervous system functions and processes.**

We therefore feel confident that the contents of this book will be **of interest to mammalian and environmental toxicologists,** neurobiologists, and entomologists, **as well as to a more specific audience concerned with pesticide chemistry, biochemistry, and physiology.**

The **emphasis would have been strongly on the cholinergic aspects of the nervous system and particularly on cholinesterase inhibitors.**

> ***"Cholinergic agents that act upon the neurotransmitter acetylcholine, the primary neurotransmitter within the parasympathetic nervous system. The parasympathetic nervous system, which uses acetylcholine almost exclusively to send its messages, is said to be almost entirely cholinergic. Neuromuscular junctions, preganglionic neurons of the sympathetic nervous system, the basal forebrain, and brain stem complexes are also cholinergic."***

This area is now relatively neglected.

The regenerative nature of N-methyl-D-aspartate (NMDA) responses, which some authorities consider is likely to account in part for **excitotoxicity (toxic actions of excitatory neurotransmitters, primarily glutamate, where the exacerbated or prolonged activation of glutamate receptors starts a cascade of neurotoxicity that ultimately leads to the loss of neuronal function and cell death), in the vertebrate Central Nervous System, may be a central factor linking certain disorders such as Epileptic Seizure activity, Ischemic Damage, Neurodegenerative disease and Neurodepressive phenomena."** - in "Sites of Action for Neurotoxic Pesticides", 1986.

Neurotoxic Effect of Medical Trade Drugs

"In 1946 Molitor and his co-workers reported that repeated doses of Streptomycin administered to weanling rats caused retardation of growth and pronounced nervous hyperexcitability, while no such changes were observed in adult rats.

These observations suggest that **the immature subject may be more susceptible to the neurotoxic effects of streptomycin than the adult.**

Streptomycin and Dihydrostreptomycin destroy the central vestibular mechanism subtotally.

Hanson in his report on **the use of streptomycin in the treatment of 5 patients suffering from Ménière's disease** states that each of the patients had attacks of vertigo many months after completion of therapy but that these attacks were milder.

Lurie (1947), and I believe very wisely so, suggested that this drug should not be used in the treatment of Ménière's disease because of the damage to the central nervous system which it produces.

The streptomycin group of drugs frequently damage the cochlear and vestibular mechanisms centrally and possibly the peripheral end-organ also.

It attacks the central vestibular mechanism and possibly other brain structures as well." - Dr Julius Winston MD, in "Clinical problems pertaining to Neurotoxicity of Streptomycin Group of Drugs", Archives of Otolaryngology, 1953.

Streptomycin

"Streptomycin is an Antibiotic Medication used to treat a number of bacterial infections.

Its Use By The Medical Trade

Infective endocarditis: An infection of the endocardium caused by enterococcus; used when the organism is not sensitive to gentamicin.

Tuberculosis: Used in combination with other antibiotics. For active tuberculosis it is often given together with isoniazid, rifampicin, and pyrazinamide. It is not the first-line treatment, except in medically under-served populations where the cost of more expensive treatments is prohibitive. It may be useful in cases where resistance to other drugs is identified.

Plague (Yersinia pestis): Has historically been used as the first-line treatment. However streptomycin is approved for this purpose only by the US Food and Drug Administration (FDA).

In Veterinary Medicine, streptomycin is the first-line antibiotic for use against gram negative bacteria in horses, cattle, sheep, etc. It is commonly combined with procaine penicillin for intramuscular injection.

Tularemia infections have been treated mostly with streptomycin.

Streptomycin is traditionally given intramuscularly, and in many nations is only licensed to be administered intramuscularly, though in some regions the drug may also be administered intravenously.

Its Use As A Pesticide

Streptomycin also is used as a Pesticide, to combat the growth of bacteria beyond human applications.

Streptomycin controls bacterial diseases of certain fruit, vegetables, seed, and ornamental crops.

A major use is in the control of fireblight on apple and pear trees.

Serious Side Effects

As with other aminoglycosides, are Kidney Toxicity and Ear Toxicity.

Transient or Permanent Deafness may result.

The vestibular portion of cranial nerve VIII (vestibulocochlear nerve) can be affected, resulting in:

Tinnitus,

Vertigo,

Ataxia,

Kidney Toxicity, and can potentially interfere with diagnosis of kidney malfunction.

Common Side Effects

Include vertigo, vomiting, numbness of the face, fever, and rash.

Fever and rashes may result from persistent use.

Deafness has been reported in children whose mothers received streptomycin during pregnancy.

World Health Organization (WHO), United Nations (UN)

It is on the World Health Organization's List of Essential Medicines.

The World Health Organization (WHO, UN) classifies it as critically important for human Medicine." - in Wikipedia, 21 May 2023.

Diseases and Disorders Relevant to Neurotoxins

"There has been an awareness of nerve poisons from ancient times.

At the dawn of the twentieth century, the actions and mechanisms of these poisons were uncovered by modern physiological and biochemical experimentation.

However, the era of selective neurotoxins began with the pioneering studies of R. Levi-Montalcini through her studies of the neurotrophin "nerve growth factor" (NGF), a protein promoting growth and development of sensory and sympathetic noradrenergic nerves.

An antibody to NGF, namely, anti-NGF – developed in the 1950s in a collaboration with S. Cohen – was shown to produce an "immunosympathectomy" and virtual lifelong sympathetic denervation.

These Nobel Laureates thus developed and characterized the first identifiable selective neurotoxin.

Other selective neurotoxins were soon discovered, and the compendium of selective neurotoxins continues to grow, so that today there are numerous selective neurotoxins, with the potential to destroy or produce dysfunction of a variety of phenotypic nerves.

AIDS

Infection with human immunodeficiency virus (HIV)-1 not only targets and compromises cells of the immune system and eventually causes AIDS but also triggers **a variety of neurological problems that can culminate in frank dementia.**

Several lines of evidence suggest that HIV-1 strikes at the brain in at least 2 ways:

1. By causing **toxicity leading to neuronal injury and death.**
2. By **impairing neurogenesis without killing neural precursors.**

Both of the pathogenic mechanisms share **the involvement of neuroinflammatory mediators**, and both processes seem to be influenced by host and viral factors, including the interferon response, age and viral subtypes, as well as treatment and comorbidity factors, such as drug abuse.

Development of both HIV-associated neurocognitive disorders (HAND) and AIDS goes hand-in-hand, and despite viral control and life-prolonging effects of combination antiretroviral treatments (cART), neuroinflammation and concomitant activation of macrophages and microglia accompany the continued development of HAND in HIV patients.

Besides intact HIV-1, **6 of its proteins have been linked to neuronal injury.**

Drug Neurotoxicity

On the basis of laboratory and clinical studies, the potential of chemicals, including therapeutic and abused agents, to induce neurotoxic effects has been assessed, with considerations of abuse **drugs neurotoxicity encompassing several factors that may accelerate and complicate prevailing conditions.**

The level of Neurotoxicity or Neurotoxic propensity remains a singularly important regulatory drug issue.

Normal brain development follows a preprogrammed pathway, whether at neuronal, circuitry, or regional levels, that differentiates specific and distinctive regional structural characteristics, phenotypes, and functions in the infant, adolescent, and adult.

The course of brain development may be altered by a wide range of exogenous agents thereby threatening the integrity of affected brains with permanent consequences that culminate in dire neurodevelopmental and neuropathophysiological outcomes.

The enormous range of exogenous agents capable of disrupting the integrity of the affected brain, within defined parameters and conditions, may wreak damage that is all too often permanent and irreversible." - in "Handbook of Neurotoxicity", Springer, 2014.

Aspects of Nervous Tissue Which Make it Susceptible to Toxicological Insult

"The compounds that the toxicologist studies are ones that we as a society think are responsible for the conversion of health to ill health.

These compounds produce pathological change.

The nervous system is unique in the capacity and the requirement to maintain this system and all of the components that go into the system.

A second **unique feature of the nervous system is the myelin sheath and it is possible for the myelin to be affected by toxic chemicals.**

If we know that the myelin sheath around the nerve is affected by a Toxic Chemical we might not yet know how to treat but we will know how to diagnose and evaluate the problem.

A third unique feature of the **nervous system are the neurotransmitters and related enzymes.**

The possibility is that **chemicals can interact with either the synthesizing enzymes, the integrity of the nerve terminal, the neurotransmitter or the processes associated with neurotransmission.**

Clearly, **these are specific points at which the nervous system might be susceptible to attack.**

It is these unique characteristics which if understood, may reveal **how chemicals interact with nervous tissue** and thus allow us diagnose, treat, and prevent **the damage produced by these chemicals**." - A.M. Goldberg in "Mechanisms of neurotoxicity as studied in tissue culture systems", Toxicology, 1980.

"Little is known about the long term effects of cytotoxic drugs used in different protocols for childhood malignancies. Cytotoxic drugs, given in combination with radiotherapy however there is a definite risk of permanent impairment of cerebral function." *- in "Neurotoxic Side Effects of Drugs Used During Therapy of Brain Tumours and Other Malignancies in Children", Neuropediatrics 1979.*

The Cause Of The Children's Trouble?

"Wrong Thinking, Wrong Feeding, and Wrong Habits, Food Poisoning, due to ignorance and indifference, made much worse in Hospital; and Constipation."

Few indeed of the childish ailments and illnesses are unavoidable.

They are mostly the direct consequence of Wrong Thinking, Wrong Feeding, and mistakes in general supervision; and are therefore a reflection upon the mother's methods.

Chicken-pox, Measles, Whooping-Cough, Diphtheria, Are Not Diseases of Childhood; they are Disorders of Ignorance and Mismanagement.

They Are Not Diseases At All.

They are acute illnesses; and therefore reactions, curative in intent, against existing disease.

If children were brought up sensibly they would never occur.

Nor would "Infantile Paralysis", Tuberculosis, or other evidences of mental and food foolishness." - Dr Ulric Williams, MD, Surgeon, in "Hints on Healthy Living", 1939.

The Polio Vaccine Farce

"Polio Vaccine Disadvantages: IPV induces very low levels of immunity in the intestine.

As a result, when a person immunized with IPV is infected with wild poliovirus, the virus can still multiply inside the intestines and be shed in the faeces, risking continued circulation.

IPV does not stop transmission of the virus." - in "Inactivated poliovirus vaccine", Global Polio Eradication Initiative, 24 July 2023.

The Diphtheria Vaccine Farce

""Diphtheria toxoid, does not prevent the carrier state nor stop the spread of infection" because it only creates antibodies to a toxin released by this bacteria, not to any antibodies to the diphtheria bacteria itself." - in "Diphtheria immunization. Effect upon carriers and the control of outbreaks", Am. J. Dis. Child., March 1972.

The Pertussis Vaccine Farce

"aPVs [pertussis Vaccine], cannot avoid infection and transmission, aPV pertussis Vaccines do not prevent colonization. Consequently, they do not reduce the circulation of B. pertussis, and do not exert any herd immunity effect." - in "Pertussis Prevention: Reasons for Resurgence, and Differences in the Current Acellular Pertussis Vaccines", Frontiers in Immunology, 2019.

Bill Gates Says Vaccine Investment Offers Best Returns

"Gates, who said his top priority was helping to eradicate Polio worldwide, also met health ministers from countries including Afghanistan and Pakistan **where the Virus continues to paralyze unvaccinated children.**

> ***"Vaccines are an extremely elegant technology.***
> ***They can be inexpensive, they are easy to deliver and they are proven to protect children from disease.***
> ***At Microsoft, we dreamed about technologies that were so powerful and yet so simple.***
> ***Vaccines are one of the best investments that we can make in the future."***

- Bill Gates in Annual Assembly of the World Health Organization (WHO) attended by Health Ministers from 193 states, "Gates Says Vaccine Investment Offers Best Returns", Reuters, 17 May 2011.

Several toxic chemicals can produce neurological disorders associated with what the Medical Trade calls "polio".

Thus, it is clear that the Clinical Manifestations of Polio are those of the effects of Toxic Chemical contamination, upon the central nervous system.

Thus, in essence, the condition known as polio is the result of Chemical Toxicity.

Polio thus, derives from at least one chemical contaminant, which transported by the blood circulation system, affects inevitably the Central Nervous System.

It is well known that there are several Chemical substances, capable of producing "polio" like symptoms, among these are specifically the Synthetic Chemical Pesticides, widely used, and mass produced in industrial quantities, around the world.

Chapter 8

The Meningitis Farce

Meningitis is an infection and inflammation of the fluid and membranes surrounding the brain, and spinal cord, these membranes are called meninges.

The Medical Trade doesn't known what causes Meningitis:

> *"So far we know of 2 types of bacteria that can cause this disease, Frankel's Pneumoniacoccus, and Diplococcus Intracellularis Meningitidis." - in Comment on Dr A. Weichselbaum, "Über die Ätiologie der akuten Meningitis cerebrospinalis", (Fortschritte der Medicin, 1887), Centralblatt Für Klinische Medizin. V.8., 1887.*

NHS: What Causes of Meningitis?

"Meningitis is usually caused by a viral or bacterial infection. Viral meningitis is the most common and least serious type. Bacterial meningitis is rare, but can be very serious if not treated.

Several different viruses and bacteria can cause meningitis, including:

Meningococcal Bacteria: several different types A, B, C, W, X, Y, Z
Pneumococcal Bacteria
Haemophilus influenzae type b (Hib) Bacteria
Enteroviruses
Mumps Virus
Herpes simplex Virus

A number of meningitis vaccinations provide protection against many of the infections that can cause meningitis." - in National Health Service (NHS), UK, 25 October 2022.

CDC:
What Causes of Meningitis?

"Injuries, cancer, certain drugs, and other types of infections also can cause meningitis.

Bacterial Meningitis - Meningitis caused by bacteria can be deadly and requires immediate medical attention. Vaccines are available to help protect against some kinds of bacterial meningitis.

Viral Meningitis - Meningitis caused by viruses is serious but often is less severe than bacterial meningitis. People with normal immune systems who get viral meningitis usually get better on their own. There are vaccines to prevent some kinds of viral meningitis.

Fungal Meningitis - Meningitis caused by fungi is rare, but people can get it by inhaling fungal spores from the environment. People with certain medical conditions, like diabetes, cancer, or HIV, are at higher risk of fungal meningitis.

Parasitic Meningitis - Various parasites can cause meningitis or can affect the brain or nervous system in other ways. Overall, parasitic meningitis is much less common than viral and bacterial meningitis.

Amebic Meningitis - Primary amebic meningoencephalitis is a rare and devastating infection of the brain caused by Naegleria fowleri. Naegleria fowleri is a free-living microscopic ameba that lives in warm water and soil.

Non-Infectious Meningitis - Sometimes cancers, systemic lupus erythematosus (lupus), certain drugs, head injury, and brain surgery can cause meningitis." - in "Centre for Disease Control and Prevention" (CDC), National Center for Immunization and Respiratory Diseases, 30 March 2022.

Mayo Clinic: What Causes Meningitis?

"Most cases of meningitis in the United States are caused by a viral infection.

But bacteria, parasites and fungi also can cause it.

Other meningitis causes

Meningitis also can result from noninfectious causes.

They include chemical reactions, drug allergies, some types of cancer and inflammatory diseases such as sarcoidosis." - in Mayo Clinic, USA, 27 January 2023.

Osteopathy in Resolving Meningitis

Osteopathy was founded by Dr Andrew Taylor Still, MD, DO in 1874.

He recognized the importance of sufficient arterial and venous blood flow, lymphatic and neurotrophic flow and their relationship to the patient's overall health.

In the spring of 1864, Dr Still's family was devastated by meningitis.

He stood looking upon 3 members of his family, 3 of his own children, all dead from meningitis, and he seriously questioned the Medical Trade treatment.

> *"Teresa's daughter Rosie contracted viral meningitis nearly 2 years ago and until a few weeks ago was still suffering chronic after-effects.*
> *But a course of Cranial Osteopathy arranged by Meningitis Now has given Rosie her mojo back.*
> *Until a few weeks ago she was still suffering from the after-effects rather chronically - no energy, depression, sleepless nights, violent headaches.*
> *She had been prescribed anti-depressants by the doctor, which made her feel zombiefied and sick.*

Today I asked her by percentage how she was feeling compared to how she was before the illness and she said pretty much 100%! She has her sparkle back." - in "Rosie S's story", Meningitis Now, 17 August 2017.

"A new drug, Hypholin, has been discovered which has been successful in the treatment and cure of Meningitis, Pneumonia, Impetigo (a skin disease), certain throat infections, and several other complaints. Hypholin is made from the mould which produces penicillin, at present allocated almost exclusively to the Forces; but the new remedy will be available for civilian use. For most of the ills of mankind there is a remedy, either found or waiting to be found." - in "A New Curative Drug", The Children's Newspaper, 17 February 1945.

"Supporting the notion of inadequate dosage is the report of Howe describing inadvertent cure of meningitis caused by H. influenzae but treated with benzylpenicillin (12 to 135 mg per kg body weight per day by intramuscular injection) under the mistaken diagnosis of meningococcal meningitis." - in "The Penicillins, Old and New", California Medicine, October 1968.

Meningitis from Bowel Toxaemia

"In the Journal of 8 April 1933, there is a report of 2 cases of tuberculous meningitis resembling cerebrospinal fever.

The cerebro-spinal fluid showed trace of albumin and numerous small lymphocytes.

I venture to suggest for consideration a diagnosis of meningitis due to bowel toxaemia, probably of Flexner group origin.

It is a not uncommon condition in South India, and Flexner group infections are not unknown in Britain.

There may or not be a previous bowel history there is usually Constipation, but when the stool is obtained it is loose, often contains mucus and cellular exudate, is strongly acid, and Flexner group organisms are cultivated.

The cerebro-spinal fluid is under pressure clear, globulin is increased, and lymphocytes are numerous; there is no sugar.

The meningitis is either fulminating and fatal, or acute, with good prognosis under intensive treatment with subcutaneous salines (for an adult 8 pints in 24 hours), liquid protein diet (swallowing power quickly returns after the salines), and alkalis.

A curious feature is that, except in to-be-fatal cases, the coma is only apparent; the patient looks comatose, but there is an awareness and alertness of mind without the power of expression.

I have known a patient signify disapproval of a relative's inaccuracy of statement by moving one finger, and during the early stages of recovery the clear mindedness is very marked.

A farther point is that Flexner group infections cause attacks of Influenza-Like Fever." - in "British Medical Journal", 3 June 1933.

Meningitis Vaccine Project - 2001

"A Global Health grant of $70 Million in support of a partnership between Seattle-based Program for Appropriate Technology in Health (PATH) and the World Health Organization (WHO) to eliminate Meningitis Epidemics in sub-Saharan Africa. Over the next 10 years the Meningitis Vaccine Project will involve many partners, both private and public, working to:

1. Develop a meningococcal conjugate Vaccine.
2. Create a pathway for the licensure of the vaccine which will be used largely in Africa.
3. Assure production in sufficient volume to meet projected needs.
4. Finance the procurement of the Vaccine through Existing or New Global Programs.
5. **Introduce the Vaccine through Mass and Routine immunization programs in synergy with other public health programs such as measles control initiatives.**" - in "Grant for the Elimination of Epidemic Meningitis in Sub-Saharan Africa", Bill & Melinda Gates Foundation, May 2001.

Launch of New Meningitis Vaccine - 2010

"10 years ago, we invested in the Meningitis Vaccine Project, an innovative model that brought together PATH, the World Health Organization, African Health Ministers and the Serum Institute of India.

Today, we celebrate the result: a modern vaccine selling for less than US 50 cents per dose.

We believe that vaccines are one of the best buys in global health. In January, **Bill and Melinda Gates called on the global community to make this the Decade of Vaccines.**" - in "The Launch of New Meningitis Group A Vaccine", Bill & Melinda Gates Foundation, December 2010.

Bill Gates Business Plan for Moderna Once A Year Universal Flu Vaccines

There was an article by a finance journalist mentioning the reasons why Bill Gates invested in the Pharmaceutical company Moderna, and one of the reason he gave was that both the French Pharmaceutical Company Sanofi, and the UK company GSK, are the 2 major Flu Vaccine manufacturers in the world.

These 2 companies Sanofi and GSK have the lion share of the early Flu Vaccine.

In the same article the investigative journalist, mentioned that one of the reasons for the Bill Gates investment in the Pharmaceutical company Moderna, was the fact that Gates wanted to enter the Flu Vaccine market, with a new vaccine.

To vaccinate the entire world population on a yearly basis is definitely a financial success to aim for, specially if the vaccination is forced upon the population.

Adjuvant in Vaccines

"Most adjuvant formulation development focuses on micro- and nanoparticulate platforms, including aluminum salts, liposomes and emulsions.

Aluminum salts have been employed as adjuvants in human vaccines for many decades, and they consist of crystalline nanoparticles that aggregate to form a heterogeneous dispersion of particles of several microns.

They are highly charged and conducive to the adsorption of antigens or immunomodulatory molecules.

Emulsions also have a long history of development, although until the 1990s they were not in approved vaccines." - in "Key roles of adjuvants in modern vaccines", Nature Medicine, December 2013.

Biotech Nonsensical Fantasy

"In a hot biotech venture market, Moderna Therapeutics is ablaze.

Based in Cambridge, Massachusetts, and shrouded in secrecy, the startup claims to be developing a new class of Drug that hacks the very operating system of life, turning human bodies into drug factories by directing cells to produce therapeutic proteins." - in "Moderna's Mysterious Medicines", Forbes, 14 December 2016.

Claims That Turned Out To Be Total Bullshit

"Once a Venus flytrap for Silicon Valley investors and now the subject of an FBI criminal investigation, Theranos claimed to have developed revolutionary blood-testing technology - claims that turned out to be total bullshit.

Raising alarm about other similar companies that have amassed incredible wealth and power, but kept their research under a veil of absolute secrecy.

Take Moderna Therapeutics, for example, a 6-year-old **Biotech firm, that was the recent subject of a superb investigative piece by Stat News.**

The company has attracted a staggering amount of investors money, boasting a radical new way to treat illnesses by manipulating human cells to fight diseases from within.

> ***"The company has published no data supporting its vaunted technology."***

The CEO Oversees Moderna's Scientific Strategy, But Isn't a Scientist

Holmes began her start-up at age 19 after dropping out of Stanford University.

While Moderna CEO Stéphane Bancel has his master's in chemical engineering and an MBA from Harvard, **his qualifications to make major scientific decisions at Moderna are also questionable:**

"Bancel had no experience running a drug development operation, he'd spent most of his career in sales and operations, not science.
He is listed as a co-inventor on more than 100 of Moderna's early patent applications, unusual for a CEO who is not a PhD scientist."

"Bancel built a culture of recrimination at Moderna, former employees said. Failed experiments have been met with reprimands and even on-the-spot firings.
They recalled abusive emails, dressings down at company meetings, exceedingly long hours, and unexplained terminations."

High-level Executives Are Quitting in Droves

"At least a dozen highly placed executives have quit in the past 4 years, including heads of finance, technology, manufacturing, and science. In just the past 12 months, respected leaders of Moderna's cancer and rare disease programs both resigned."

The mRNA treatments it's trying to develop are potentially very dangerous

A number of Big Pharma companies have attempted to develop similar technologies, but abandoned them over fear that they produced prohibitively dangerous patient side effects.

"Delivery - actually getting RNA into cells - has long bedeviled the whole field. On their own, RNA molecules have a hard time reaching their targets.

They work better if they're wrapped up in a delivery mechanism, such as nanoparticles made of lipids.

But those nanoparticles can lead to dangerous side effects, especially if a patient has to take repeated doses over months or years." - in "Why This Secretive Tech Start-Up Could Be The Next Theranos", Thrillist, 23 September 2016.

Moderna Never Made A Profit Pre 2020

"Among the biggest winners will be Moderna and Pfizer – two very different US pharma firms which are both charging more than $30 per person for the protection of their two-dose vaccines.

Moderna was founded just 11 years ago, has never made a profit and employed just 830 staff pre-pandemic.

Moderna mRNA Vaccine, Expected sales in 2021: $18 Billion - $20 Billion." - in "From Pfizer to Moderna: who's making billions from Covid-19 vaccines?", The Guardian, 6 March 2021.

Pandemic Simulations

> ***"We need to be doing every 5 years a comprehensive exercise at both country and regional levels of Pandemic preparedness and you need a global group that's scoring everybody."*** *- Bill Gates in "Pandemic preparedness lacking: Bill Gates", Australian Associated Press, 23 January 2023.*

"Gates was a sponsor of Event 201, a simulation conducted 18 October 2019, which "predicted" a global coronavirus pandemic. One of the sponsors of Event 201 was the Bill and Melinda Gates Foundation (BMGF).

The BMGF is a partner of Gavi, The Vaccine Alliance and holds a seat on its board.

In turn, Gavi closely collaborates with the ID2020 Alliance, a strong proponent of "Vaccine Passports," as previously reported by The Defender.

Microsoft and the BMGF are founding members of ID2020." - in "The Gates-way drug – Bill Gates suddenly slams mRNA shots after selling BioNTech stock with 10X gains", BizNews, in 30 January 2023.

We Know How to Work With Governments We Know How to Work With Pharma

"We know how to work with Governments, we know how to work with Pharma.

We need - at least in terms of expertise and relationships - to play a very, very key role here." - Bill Gates in "Bill Gates, the Virus and the Quest to Vaccinate the World", New York Times, 23 November 2020.

Chapter 9

The Rabies Virus Farce

In this section, should be noted that, if the reader has already read the previous books in this series, published by us, then the reader should be aware that the so-called "Experiments" and "Vaccine" on Rabies, conducted by Pasteur are in fact Fraud.

The 3 books published so far on Mr Pasteur so-called "Scientific" Work, and in particularly the last book published a few years ago, show in detail the Fraud which is both Mr Pasteur and the Rabies "Virus".

In the previous books we give both excerpts on the conclusions of these 3 books and also their Titles and Year Publication.

Here we just go throughout the nonsensical research done by this creatures of Laboratory, so-called specialists of "Virology".

They absurdity, and lack of common sense and brains is quiet alarming.

Vaccinomania

"The failure of the system is attested by the deaths.

Whole hecatombs of animals have been ruthlessly sacrificed in the quest after the virus, and well might Vincent Richards condemn the slaughter which has taken place without, as we assert, benefit to the human race, nay, even to its injury.

A new terror is now added to the bite of the dog.

The good old Dr. Berkenhout, writing about rabies in 1783, told us that he knew not of any human attempt which had more resemblance to the Knight of La Mancha's tilting at a wind-mill, than that of combating popular errors and reasoning against popularly received opinions.

During late years, the clinical observer has been pushed on one side by the men who are supposed to be engaged purely in "original research", the men who work simply and solely in laboratories, who look through microscopes at infinitesimal organism or who apply complicated instruments to curarized frogs to measure their heart beats, or who take up the more fashionable pursuit of bacteriology, as if the clinical observer were not equally entitled to claim that he was engaged in original research.

As the consequence of fashion, we have a vast literature of the modern school, but unfortunately not valuable in proportion to its vastness. It is a mass of undigested, crude material, produced in accordance with the wants of the market.

Theories have been started, based on imperfect experiment, and these have been in turn superseded by newer theories.

Bacteriological research being encouraged by endowments and by the fashion of the day, naturally has thriven.

The chemist and the bacteriologist may do us some service, but they must be kept in the place of servants.

Laboratory experiments on dead tissue or on living matter out of place cannot alone solve for us the problems of life or disease.

Have we any treatment that is satisfactory, based on these discoveries?

There can be only one answer to this question, No.

Clinical observers may take heart, there are some signs of the lifting of the cloud, and of the emancipation of medicine from the trammels of what has been so well called "Vaccinomania." - Dr Thomas Dolan, MD in "Pasteur and Rabies", 1890.

Trust - The Laboratory Scientific Work

"There still remain persons who are skeptical concerning, or even deny the existence of, rabies as a distinct disease.

No attempt will be made to enter into controversy with them.

If they are fair minded and possess an average amount of intelligence, a visit to a laboratory where scientific work in this direction is being done will suffice to dispel their objections even if their faith in human nature is so slight that they are able to regard those investigators who have

devoted years of disinterested study to the subject as untruthful or very badly mistaken.

Rabies is an ancient and widespread disorder perpetuated among the lower animals, chiefly the dog family, transmitted in nature to other animals and to man by the inoculation of virulent saliva through bites.

The period of incubation is variable, but relatively long, usually between 1 and 2 month." - in "Facts and Problems of Rabies", 1912.

These Are Obviously Symptoms and Signs of Organic Toxaemia

"That some of the symptoms of rabies: fever, leucocytosis, hemorrhages, are those which we have come to recognize in other diseases as toxic." - Babes

"A general increase of reflex excitability is early noted.

The centers for respiration and deglutition are especially severely attacked, with spasm or paralysis as a result. General convulsions of central origin frequently occur, paralysis of spinal origin may attack the extremities.

The psychical functions are disturbed in degrees varying in their manifestation from morbid anxiety to delirium and mania.

Pathological changes of a characteristic nature are confined principally to the nervous system.

Crelius Aurelianus, in his description of hydrophobia in man, makes mention of the following symptoms, which are sufficiently distinctive to show that he was familiar with the same disease which we recognize today:

"In the beginning of the attack, 'anxiety with no reason for it; irritability and malaise, restless movements, sleep light and disturbed, insomnia, stretching and continual gaping, and an unremitting desire to vomit, an unusual susceptibility to air, no matter how quietly the patient may: have been resting, intoleration and loathing of liquids, little desire to drink.
When the disease is established, there is thirst and at the same time dread of water, at first at the sight of it, later of the very sound or mention of it.
This fear extends to oily preparations.
The pulse is small, hard, and irregular; in certain cases there is a light fever.
There are eructations; heaviness of the limbs.
The diaphragm: is displaced upward and the functions of the intestines suppressed.
Urination becomes frequent and of small amounts.
There is nervous spasm and trembling."

It remained for Pasteur to devise the method of subdural inoculation of material from the central nervous system, and from him the modern study of the disease may be said to date.

The History of Rabies, as shown by its literature, is extremely instructive, as showing how much and how little was known in past ages.

For instance, in Krugelstein's work in 1826, we learn that the following observations had already been made, some of them centuries before:

That **long haired dogs had rabies less frequently than short haired ones.**

Birds also are susceptible of inoculation, but seem to have a relative immunity, as old fowls and pigeons if they take the disease at all, frequently recover and their nervous system is innocuous to rabies.

That the disease is an infectious one i. e., produced by the invasion of a pathogenic microorganism emanating from a previous case of the diseases, is strongly suggested by the symptoms and the manner of conveyance, and is proved by the fact that all the parts of the nervous system, as well as some glandular structures and secretions, produce the same symptoms and results when inoculated experimentally into a healthy animal.

The liver, spleen, and spermatic fluid appear never to harbor the virus.

The pancreas, lachrymal glands, and suprarenal capsules, however, seem to be virulent in a large number of instances." - in "Facts and Problems of Rabies", 1912.

Clear Signs of Toxaemia Affecting The General Nervous System

"The first symptom of the disease in the rabbits was a general nervousness; the entire body seemed to be trembling and, if the animal was startled by the sudden clapping of hands, it would stagger and apparently have great trouble in maintaining its balance.

Soon a limping of the left hind leg was noticed and, if the rabbit was taken from the cage and made to hurry across the floor, that leg gave way entirely.

In a short time a weakness in the corresponding front leg developed, then in the neck, as in acute ascending paralysis.

Hence when the animal attempted to walk it would move

around the cage clockwise, supporting its weak left side against the wall.

A few of the rabbits had convulsions, and when that happened they rolled over and over from light to left.

The initial site of paralysis was the "left hind leg", and this in a short lime developed into a left hemiplegia, the paralysis eventually becoming general." - in "Rabies A Pathognomonic Sign Generally Overlooked", JAMA, 5 April 1913.

"Rabies is a fatal, acute, infectious disease of all warm-blooded animals, usually transmitted through the bite or scratch of an affected dog's teeth, at which time is introduced the virus contained in the virulent saliva.

While it is not absolutely necessary that the introduction or inoculation of the human with rabies virus must be through the medium of the bite of a rabid dog, yet it is the usual manner of transmission not only to the human family but to the canine family and other animals.

Outbreaks occur from time to time, due to the nature of the disease in dogs, which causes them to run wild, running long distances and attacking en route, thereby spreading the disease to remote parts.

One uncontrolled case of rabies in the dog at the stage of the disease when he is furious or running will infect or inoculate at times a large number of animals or persons.

In controlling rabies another important feature must always be taken into consideration-the incubation period.

If, like many other infectious diseases, there was an approximate period between the time of inoculation and the development of the syndromic manifestations, rabies could be easily controlled or perhaps eradicated by quarantine methods, if universally applied to all the canine and feline species.

However, the so uncertain incubation period of rabies, the elapsing time being from 12 days to 3 months, but may be as long as 1 year.

Vaccination is being rapidly pushed throughout the

empire with the expectation of eradicating rabies from the country.

American producers of single treatment antirabies vaccine do not claim more than one year's immunity after vaccination with their product." - George E. Corwin, in "The Control of Rabies in Connecticut", Deputy Commissioner on Domestic Animals, Hartford, Connecticut Read, New Haven County Public Health Association, 6 March 1924.

The Incubation Period Farce

"Incubation Period in 65 cases

10 to 20 days:11
21 to 30 days: 19
31 to 40 days: 9
41 to 60 days: 8
Over 2 months but less than 4 months: 10
4 to 6 months: 3
6 to 12 months: 2
Over 12 months: 3

The average incubation period of all cases, excluding those over 1 year, was 49.25 days." - in "Rabies in the United States during the Year 1911", Public Health Reports, 12 July 1912.

"The virus may gain access to the blood stream without causing any symptom indicative of its presence. It may even reach the central nervous system and become fixed there without causing an attack of hydrophobia. In the nervous system it may remain in an absolutely latent condition for a very long time, until by some unknown mechanism it is suddenly wakened into activity." *- in "The Heredity of Rabies", Vet. Rev., 1919.*

The Rabies "Virus" Isolation Farce

"In view of the great interest now taken in this subject in consequence of the brilliant investigations of Pasteur, I think it desirable to take an early opportunity of stating that I have found the microbe which appears clearly to constitute the virus of this disease.

I have repeated his methods carefully.

Neither does it occur within the nerve fibres, as he states; and, lastly, it is fully 3 times the dimensions which he gives.

I may add that it does not occur in the same situation, treated by the same methods, in normal animals." - in "The Microbe of Rabies", The Lancet, 12 June 1886.

"It is doubtful whether previous attempts to transmit the virus of epidemic encephalitis to animals have ever been successful." - S. Flexner, in Journal of the American Medical Association, 1923.

"The symptoms produced in experimental animals by the encephalitic virus of Kobayashi and by the virus of rabies are similar, and are accompanied by lesions which are indistinguishable, and since a cross-immunity is demonstrable between the 2 viruses, the conclusion is advanced that the specimen of so called encephalitis virus isolated by Kobayashi is in reality a specimen of rabic virus." - E. V. Cowdry, from the Laboratories of The Rockefeller Institute for Medical Research, in "Comparison of a Virus Obtained by Kobayashi from cases of Epidemic Encephalitis with the Virus of Rabies", Journal of Experimental Medicine, 1 May 1927.

"The following experiments were carried on with a hope of securing some evidence which might aid in establishing the true nature of the Negri bodies.

It has been frequently observed that, in the earlier stages of rabies, the Negri bodies either may not be demonstrable at all.

Cultivation of the supposed organism was attempted as follows: the medium used was fresh brain matter taken from a normal dog.

The following media were tried:

Brain material under sterile dog serum and oil;
Brain material under sterile cerebrospinal fluid and oil;
Brain material under Ringer's solution and oil;
4 parts plain agar + 1 part brain substance thoroughly mixed;
1 part brain + 9 parts salt solution, emulsified by shaking with glass beads, and filtered through a coarse Berkefeld filter.

This filtrate under a layer of sterile oil was used as a culture medium.

Inoculations were made with a drop of emulsified rabid brain substance, and the medium incubated at 380C. for from 8 to 15 days, both aerobically and under strict anaerobic conditions produced by a combination of vacuum, displacement by hydrogen, and absorption of oxygen by KOH + pyrogallic acid.

Smears were then made and stained with rosanilin violet + methylene blue as described by Williams and Lowden.

This is not considered as estabhshing definitely that the artificial cultivation of the virus of rabies has been accomplished, but as encouraging evidence that some modification of the methods described may lead to its successful cultivation." - in "The Organism of Rabies and Experiments in Its Artificial Cultivation", The Journal of Infectious Diseases, Oxford University Press, September 1913.

How the Laboratory Medical Trade Clowns Induce Rabies in Animals

"Dogs were inoculated with street rabies by the direct injection of emulsion of rabid brain into a nerve trunk. Various nerves were employed, but most satisfactory results were obtained by introducing a long needle into the orbital cavity below the eyeball and making the injection at the point where the optic nerve emerges through the optic foramen." - in "The Organism of Rabies and Experiments in Its Artificial Cultivation", The Journal of Infectious Diseases, Oxford University Press, September 1913.

The Estimate of Prevalence of Rabies

"The estimate of prevalence of rabies in a community is usually based on the number of positive microscopic examinations of animals submitted to public health laboratories by interested persons.

Many factors render such information unreliable as a basis for computing total incidence.

The actual number of animal heads examined depends upon the availability of laboratory facilities and the extent to which the public utilizes such facilities.

The latter fluctuates with public consciousness of the disease, and this, in turn, is influenced from time to time by sensational events such as the death of a person from rabies, the ramblings and viciousness of a particular rabid animal, and the amount of newspaper and radio publicity sporadically directed to the public from various sources.

The rat has been named on several occasions as a likely reservoir of rabies.

It was thought that in Birmingham the high endemicity in dogs might favor a collateral reservoir in rats.

During November and December, 1938, 500 rats were trapped in various locations.

In no instance did rabies develop in the inoculated mice, and the conclusion seems justified that in Birmingham the rat does not play an important part in the transmission of rabies.

An equal number of rats from Montgomery, Alabama, were examined by the same method and with identical results." - in "Incidence of Rabies in Dogs and Rats as Determined by Survey", American Journal of Public Health, March 1940.

The Big Business of Canine And Other Animals Vaccination

"It is apparent that field studies, undertaken to determine the efficacy of prophylactic canine vaccination, are of questionable value unless an examination for rabies is extended to include all dogs which die from any cause." - in "Incidence of Rabies in Dogs and Rats as Determined by Survey", American Journal of Public Health, March 1940.

Human Mortality from Rabies

"Human mortality (from rabies) is remarkably low." - in "Incidence of Rabies in Dogs and Rats as Determined by Survey", American Journal of Public Health, March 1940.

When Humans Are The Guinea Pigs

Bear in mind that Pasteur was a de facto fraudster, just imagine, the damage his frauds have permitted to be inflicted both upon humanity and the animal kingdom.

"In 1884, Louis Pasteur, from Paris, asked the Brazilian Emperor Dom Pedro II to authorize the use of anti-rabies vaccine trials in prisoners sentenced to death in the South American country.

Though the disturbing fact is that the rabies vaccine had so far only been tested on dogs by Pasteur, and the request involved imprisoned, subjugated, and vulnerable subjects, not at risk of developing rabies previously the vaccination.

On 15 November 1880, Pasteur, in his letter to Pedro II, deals with yellow fever and says that he is sending the work Critical review of posthumous writing by Claude Seward on fermentation.

On 7 July 1882, Pasteur talks about the need to study yellow fever in a country where it had its origin and regrets not being able to come to Brazil for reasons of health and age.

> *"But even though I have multiplied the examples of rabies prophylaxis in dogs, it seems to me that my hand will tremble when I have to move to the human species." - Louis Pasteur*

Pasteur also addresses rabies, whose study he was currently engaged in.

In the other important letter, he addresses rabies, cholera, and the rabies vaccine. He mentions that he intended to come to Rio de Janeiro to study the subject, especially the contagion and the medicines that should be used.

"If I were king or Emperor or even president of the republic, here is how I would exercise the right of pardon on death row inmates.
I would offer to the lawyer for the convicted person, the day before the execution of the latter, to choose between imminent death and an experiment which would consist of preventive inoculations of rabies to cause the constitution of the subject to be refractory to rabies.
Employing these trials, the life of the condemned man would be saved.
If it were, and I have the persuasion that it would indeed be, – as a guarantee vis-à-vis the society which condemned the criminal, it would be subjected to surveillance for life." - Louis Pasteur

In the draft of the reply, the Emperor says that Pasteur's visit to Rio de Janeiro could provide an excellent service to humanity, but bringing the latest news about the studies of yellow fever.

In the letter of 23 February 1885, Pasteur refuses the invitation made by the Emperor to come to Brazil to study yellow fever.

Pasteur urged to follow a next delicate step "when Guinea pigs are human" - in "Louis Pasteur and Dom Pedro II engaged in rabies vaccine development", Journal of Prev. Med. Hyg., March 2021.

Rabies From a Non-Rabid Dog

"Now what seems strange to the "laity", is the fact that the dog which bit the calf is still alive and apparently well, except the gunshot wound on the leg.

That the calf died of "Hydrophobia" or "Rabies", I cannot doubt, and that the disease developed in consequence of the bite upon the ear by a dog not affected with Rabies I cannot deny, unless Rabies is not necessarily fatal." - in "Rabies from the Bite of A Non-Rabid Dog", The Veterinary Journal and Annals of Comparative Pathology, June 1876.

The Rabies "Virus" Quantitative Rather Than Qualitative in Character

"Until the investigations of Pasteur threw light on the mystery surrounding rabies, it was not realised that there was a virus of the disease, or a rabific microbe as the Causa Causants of the virus.

By keenest clinical observers the existence of either of these agents was viewed as at best problematic.

Even where the germ-character of rabies was not denied, it was deemed most probable that, as surmised for untold ages, it was strictly of "spontaneous generation", or that the virus-germ underlying the disease was itself a diseased product and in reality but a virulent growth of canine morbid conditions exclusively in the salivary gland.

The phenomena of attenuation and of intensification, as induced by a transmission of rabies through the animal kingdom, were unknown.

That there were an intensifying and an attenuating division of the animal kingdom was never even remotely suspected.

Nevertheless, it is hardly too much to say that this disclosure was one of the most important of Pasteur's research.

M. Pasteur has inaugurated a new epoch in the history of medicine, having in the realm of germ-disease originated amidst the lesions and the dry bones of morbid anatomy a very renaissance itself.

His research of rabies is that of a master-mind which has vitally influenced and moulded every subsequent investigation of germ disease.

It would appear, then, that one form of rabies differs from another, the completely convulsive, for example, from the convulso paralytic, and this in its turn from the exclusively paralytic, in the amount rather than in the intrinsic nature of the rabies-microbe.

In spite of the "virus", which was used, being only a canine-virus, it induced in the massive form in which it was inserted into the subcutaneous areolar lymph-sacs, not a convulsive-rabies, but a pronounced paralytic-rabies.

No such phenomenon would result from the most massive inoculation of any

small pox-virus, or anthrax-virus, or even of tetanus-virus, or of that of many more germ-diseases.

In such germ-diseases, on the contrary, neither the site, nor the amount of infection, determines the character of the resulting malady; one amount of the same virus-germ, and one site being as effective as another.

But varying quantities of the same rabic medulla, whatever its intrinsic rabific quality, whilst they will undoubtedly rabidise the rabbit or any intensifier, even irrespective of the site, will by no means induce in each case the same rabies, or necessarily reproduce the rabies from which they have, one and all, been derived.

Since a varying quantity of virus-gem is so essential to the production of the varying forms of rabies, without which there never probably would be any variation in the disease at all; since the virus-germ of rabies is a quantitative one, and induces a rabies strictly proportioned to the amount employed; is it not probable that the virus or poisonous product of the rabific microbe, itself, apart from the quantity of the micro-organism, is the direct and exclusive cause of all the morbid phenomena.

The pathological effects of Strychnine, Morphia, Alcohol, Arsenic, and of every other virulent product, organic or inorganic, are strictly proportioned to the amount of the product injected or administered.

The pathological effects of the "virus" or virulent product of such germ-diseases as have proved capable of being separated from their productive micro-organisms, such as Koch's tuberculin, the bacillary product of diphtheria and of tetanus, and of many others, are in like manner strictly proportioned to the amount of the virus employed.

They are quantitative viruses.

This quantitative relationship is absolute.

The train of morbid phenomena set up is strictly commensurate with the amount of the virulent product elaborated in the disease.

From this circumstance, therefore, it may be unhesitatingly asserted that the virulent product ultimately evolved by the rabific microbe, and not the rabific microbe, is, per se, the cause of every form of the disease to be met with; and that without such virulent product, and suddenly secreted in the nerve centres, there never would be rabies.

But although the virulent product evolved in the disease solely induces it, it by no means follows that the rabific microbe which elaborates this virus does not invariably accompany or precede it even to the deepest centres of the cerebrospinal axis.

Were this not so, mere change of site would make no difference whatever in the action of the toxic product or virus.

As with Strychnine, alcohol, morphia, tuberculin, all sites of infection would be equally effective.

In the monkey, the dog, and probably man, and in the entire attenuating division of the animal kingdom, every form of rabies on transmission becomes less transmissible and progressively attenuated to extinction." - Dr David Sime, MD in "Rabies: Its Place Amongst Germ-diseases, and Its Origin in the Animal Kingdom", 1903.

Concerning "Rabies" as a Manifestation of Toxicity

That which the Medical Trade calls "Rabies", is a manifestation of toxicity affecting the Central Nervous System.

This toxicity can come from different sources, the most common one is the obvious Auto-Intoxication from the contents of any human or animal state of the bowels, in its contents, in which there is a myriad of living organism, mainly bacteria, which feed and multiply rapidly in the case of a state of disarray of the physical body.

The greater the bacteria the greater the amount of its excreta from same, the excreta of the bacteria if not allowed to be swiftly removed from the body, the the toxicity of same will certainly be causing interference with all the organs of the body thorough the blood circulation, and eventually the lymphatic circulation as well.

Of all the symptoms, that such toxicity causes to the body organs, the most notable ones are those in which it affects to Nervous System.

In such cases of Rabies and others, misleadingly calling them "Viral Cases", from a living "Virus", this is totally wrong and untrue.

In these circumstances, the produce of certain bacteria, not one specific, but of several, for it is the many and not the few that have the capacity to cause disarray in any living organism by the presence of their excreta in large amounts, then those amounts that are normal.

For these bacteria, and this is important to understand, bacteria and other microorganisms, are already co-habilitating the interior of any living body and the exterior as well.

The Role of Vaccines And Who Actually Should Produce Them

So, to cut a long story short, it is possible and desirable to have vaccines to certain types of bacteria, but not to have vaccines against imaginary so-called "viruses", for there is virulence as a quality but not actual "viruses" as a living entity.

In any circumstance, private companies should not be allowed to fabricate neither Vaccines nor so-called Medical Trade Drugs.

These if any, should be only done by organizations either charitable or governmental, but not for profit organizations, and less international multinationals.

Further more the Medica Trade and the Pharmaceutical Trade should be banned.

"In 1866, while engaged in preparing a work on Animal Plagues in general, my attention was more particularly directed to the extension of Rabies, within a certain period, to countries in which it had been previously unknown; and also to the unusual number of deaths occurring in this country, and especially in Lancashire, in that year: no fewer than 36 persons having been reported as dead in England from hydrophobia.

In 1868 the disease was assuming greater proportions among the canine species, and West Lancashire appeared to have become a centre from which it spread in various directions, until it became widely disseminated, and had attained the dimensions of a serious epizoöty-formidable alike to mankind, as well as to the other domesticated animals.

There can scarcely be any doubt that this prevalence and extension of rabies is largely due to the ignorance prevailing with regard to its nature, as well as to the existence of dangerous errors, which have become so deep-rooted in the popular mind through their transmission from generation to generation.

While, so far as the other domesticated animals are concerned, I am not aware that anything of any note has been done to elucidate the malady in them; and I believe no proposal has yet been made with a view to limiting or suppressing

it by well-devised legislative measures, founded on an intimate knowledge of its nature.

The disease is popularly, but erroneously, designated Hydrophobia.

This term, which literally means "dread of water", is only applicable to what is sometimes a symptom of the malady in mankind the aversion to water or other liquids being but seldom, if ever observed in any of the animals affected, and it is even rare in man; besides, it is not a special or characteristic symptom when present, as a repugnance to fluids is occasionally witnessed in various affections, such as phrenitis, hysteria, gastritis, and other disorders of the human species.

The apparent dread of liquids in general is merely the result of an instinctive dislike induced by difficult and painful attempts to swallow, and this dislike is exaggerated in man, in which the symptom is most marked-by the imagination when fluids are attempted to be swallowed, or at the sight or even thought of these, which causes spasms oi the pharynx, oesophagus, and adjacent organs.

The designation is, therefore, and particularly with regard to the lower animals, inappropriate, and is liable to mislead and prove most dangerous ii its literal meaning be alone relied upon to distinguish the disease from other maladies.

What renders the story of this malady still more sad and alarming is the fact, that it is generally derived from the most faithful and numerous of our domestic pets and servants the dog, whose attachment to, I had almost said "veneration" for, man brings this animal at all times and everywhere to share his company, to join with him in sport, pastime, toil, or hardship, and whose motto justly deserves to be Semper Fidelis.

Mental Treatment of Rabies

The influence of mental emotions in the development of hydrophobia would appear to be almost unquestionable, and there is every reason to inquire whether the greater mortality resulting from the bites of rabid animals

in adult than in young persons may not be attributable, to some extent at least, to this cause.

The diseased mind may favour the generation and expedite the recrudescence of the mortal malady, and anything that can soothe or cure the former may aid in retarding or averting the latter.

> ***"I remain convinced that the practices or medications, whatever they may be, which address themselves to the moral of those who are the victims of rabaic inoculations, may prove very useful.***
> ***It has sometimes happened that I have caused persons who were labouring under the dread of hydrophobia to take some innocent beverage as an infallible specific; and the memories I entertain of the immense contentment it has produced, have always confirmed me in the belief that it is not good to destroy such illusions and belief, but, on the contrary, to create them."***
> *- M. Bouley*

We may even refer to the fact that the disease is not so readily transmitted as is supposed.

M. Renault, after a careful examination of the statistics of the malady in France, concluded that 2/3 at least of the individuals accidentally bitten by street-dogs, rabid or suspected, escaped the consequences, even without any treatment." - Dr George Fleming, FRGS, MAI, President of the Central Veterinary Medical Society, in "Rabies and Hydrophobia. Their history, nature, causes, symptoms, and prevention", 1872.

"To sum up the results of my experience in the treatment of rabies, I may say that I have seen some palpable cases of spontaneous recovery." *- in "The Lancet", 22 September 1838.*

Pasteur Treatment

"Soon after Pasteur had perfected the vaccine for Anthrax, which was about 1880, his attention was called to a little girl in a ward of a hospital dying of rabies.

As a result of the study that followed, Pasteur by experimenting on the lower animals perfected the vaccination method which is still used to vaccinate and protect the lives of people when bitten by a rabid dog.

As early as 1880 it was a recognized fact that drying practically destroyed the virus of rabies.

Pasteur took advantage of this fact by drying the cord of rabbits dead of rabies, over potassium hydrate thus attenuating it , and making a vaccine.

By injecting a certain portion of the cord, so treated for 14 days, under the skin, in the form of an emulsion, followed once a day with a like injection, gradually using cord less attenuated, in 21 days the person is immune from the disease and the treatment is complete." - in "Rabies", Colorado Agricultural College, July 1910.

Chapter 10

FDA to Vaccine Injured: We Got Nothing

"Out of 3000 reported cases of smallpox in Toronto, there were no deaths from the disease itself, although 5 deaths have been attributed to vaccination." *- in "The Clinic", January, 1920.*

"Critical analysis of randomized control trial data, and real-world evidence; the true Benefits & Harms of the Covid MRNA Vaccines, with special emphasis on the Biotech Pfizer Vaccine. ***The conclusions are quite sobering, in the non-elderly population the numbers needed to treat and prevent Covid death run into the thousands. Re-analysis of randomized controlled trial data from both Moderna and Pfizer reveals one is more likely to suffer a serious adverse event from the Covid-19 Vaccines, than to be hospitalized with Covid-19."*** *- Dr Aseem Malhotra, MD, commenting on the findings of his paper: "Curing the pandemic of misinformation on Covid-19 mRNA vaccines through REAL evidence-based medicine – Part 1", AOSIS, 26 September 2022.*

"20 people who were Harmed by Covid-19 Vaccines came to Washington D.C. this week—sick, bereaved, from a dozen states—seeking help from the U.S. Food and Drug Administration.

But as myocarditis cases piled up, the government's denial of vaccine-caused heart damage was intense.

A major paper (A Report on Myocarditis Adverse Events in the U.S. Vaccine Adverse Events Reporting System (VAERS) in Association with COVID-19 Injectable Biological Products) was withdrawn under pressure, and a Centers for

Disease Control article disputed **the vaccine role in the Deaths of 2 boys.**

Today, the CDC acknowledges the vaccine-myocarditis link, even if asserting it is "rarely" reported.

Research has suggested it is more prevalent than first thought.

This small group of vaccine-injured people are representative of something much larger.

More than 400 Covid-vaccine Death claims alone have been filed, among thousands more injuries." - in "FDA to Vax Injured: We Got Nothin'", Trial Site News, 23 September 2022.

Onset Of Multiple Sclerosis After Vaccination

"The time of onset of these symptoms post-Covid-19 Vaccinations ranged between 1 and 2 months with a median time of 2 months.

Among case-control groups:

2 received the Pfizer Vaccine,
6 received the Moderna Vaccine,
15 received the AstraZeneca Vaccine.

Among **Multiple Sclerosis (MS):**

20 received the Pfizer Vaccine,
3 received the Moderna Vaccine,
9 received the AstraZeneca Vaccine.

The presentation of symptoms among the MS group appeared after the first dose of Vaccine in 25 patients, while it appeared after the second dose of Vaccine in 7 patients." - in "New Onset Multiple Sclerosis Post-COVID-19 Vaccination and Correlation With Possible Predictors in a Case-Control Study", Cureus, 18 March 2023.

AstraZeneca Covid-19 Vaccine Is No Longer Available in Australia

"There was a link between the AstraZeneca vaccine and a rare but serious side effect called thrombosis with thrombocytopenia syndrome (TTS).

Symptoms typically occurred between 4 and 42 days after a first dose of the AstraZeneca vaccine.

AstraZeneca is no longer available as of 20 March 2023, so no further cases of AstraZeneca-related TTS can occur in Australia.

On 8 April 2021, the Australian Government received advice and recommendations from the Australian Technical Advisory Group on Immunisation (ATAGI) about the Vaxzevria (AstraZeneca) vaccine and a syndrome called Thrombosis with Thrombocytopenia Syndrome (TTS).

Thrombosis with thrombocytopenia syndrome (TTS)

There was a link between the AstraZeneca vaccine and a rare but serious side effect – thrombosis with thrombocytopenia syndrome (TTS).

TTS can cause long-term disability and death.

TTS involves blood clotting (thrombosis) combined with low platelets (thrombocytopenia).

Blood clots can appear in different parts of the body such as the brain or abdomen (belly).

TTS is thought to be immune mediated.

Symptoms of TTS

Symptoms typically occurred between 4 and 42 days after a first dose of the AstraZeneca vaccine.

Symptoms of TTS included:

1. Severe, persistent headache that did not improve with regular painkillers,

2. Blurred vision,
3. Confusion or seizure,
4. Weakness of face or limbs,
5. Shortness of breath or chest pain,
6. Severe abdominal (belly) pain,
7. Leg swelling,
8. Unexplained pin-prick rash or bruising away from the injection site.

Patients were urged to seek urgent medical attention if they experienced any symptoms of TTS." - in "Vaxzevria (AstraZeneca) vaccine and thrombosis with thrombocytopenia (TTS)", Department of Health and Aged Care, Commonwealth of Australia, 21 March 2023

"For the first time in history, the inefficacy of a drug is blamed on those who didn't take it." *- Dr. Eli David, PhD, 24 January 2023.*

Injured By The Vaccine

"I have people in my family that were Injured from this (Covid-19) Vaccine severely.

Will never have the same quality of life ever again, despite me pleading with them not to get this (Covid-19) Vaccine.

I remember the peer pressure campaign for all YouTubers, to remain mum, because YouTube decided that you were not allowed to at all say anything, but to encourage people to roll up their sleeves and to get this vaccine, and maybe we'll suffer the consequences." - Candace Owens, in "Candace Owens Podcast", 6 June 2023.

European Medicines Agency Confirms 11,448 Died From Covid Vaccines

"Number of deaths following Covid Vaccines that have been investigated and confirmed by the European Medicines Agency.

The European Medicines Agency (EMA) reports that 11,448 people in the EU have died after receiving Covid-19 Vaccines:

8,368 - From Pfizer BioNTech Vaccine (1,345 more than in 2022);
1,579 - From AstraZeneca Vaccine;
1,161 - From Moderna Vaccine;
339 - From Janssen Vaccine;
1 - From Nuvaxovid Vaccine.

- in "Parliamentary question – E-001200/2023", European Parliament, 13 April 2023.

Dozens Have Been Killed or Left Disabled by Jabs

"At least 105 claims for the state-funded, financial support have now been approved, taking the total bill so far to £12.6 Million.

UK Health minister Maria Caulfield told the Covid Vaccine Damage All-Party Parliamentary Group that, as of May, 5,738 applications had been submitted.

Dozens have been killed or left disabled by jabs deployed during the pandemic." - in "Covid vaccine injury bill tops £12 MILLION after two dozen backlogged damage claims are approved in a month", Daily Mail, 7 June 2023.

USA 35,000 Died From Covid-19 Vaccines - May 2023

"Knowingly filing a false VAERS report is a violation of Federal law (18 U.S. Code § 1001) punishable by fine and imprisonment.

Vaccine	Number of Deaths
Pfizer	22,294
Moderna	10,130
Janssen	2,796
Not Specified	479
Total Deaths:	35,272

- in "Mortality Reports", COVID Vaccine, HHS Vaccine Adverse Event Reporting System (VAERS), USA, 26 May 2023.

Suicide Thoughts After Recceing Covid-19 Vaccines

VAERS ID: 1373773-1

Age: Not given
Sex: Male
State: Oklahoma
Vaccine: COVID19 PFIZER-BIONTECH
Date Vaccinated: 23 March 2021

"50% Hearing Loss; He is on the verge of Suicide. Insomnia.
I cant live with this; can't think; it's driving me crazy; driving me insane.
He is desperate; spike headaches; rash under my eyes/rash in his eyes appeared in the right eye and then got to the left eye.
Incredible ringing in my ears and a spike headache/high pitched ringing in my ears.
This is a spontaneous report from a Pfizer-sponsored program via a contactable male consumer (patient himself).
Received first dose of bnt162b2 (PFIZER-BIONTECH COVID-19 mRNA VACCINE), on 23 March 2021 as 1st dose, single for COVID-19 immunization." - Reported 3 June 2021.

VAERS ID: 1251028-1

Age: 43
Sex: Male
State: Louisiana
Vaccine: COVID19 PFIZER-BIONTECH
Date Vaccinated: 14 April 2021

"Death by Suicide between late evening 21 April 2021 and early morning 22 April 2021.
He was found at about 8 AM that morning." - Reported 24 April 2021.

VAERS ID: 1350848-1

Age: 14
Sex: Male
State: Missouri
Vaccine: COVID19 PFIZER-BIONTECH
Date Vaccinated: 17 May 2021

"1-2 days after administration of Vaccine, the patient had a week-long episode of moodiness and irritability.
This culminated in a Suicide attempt by hanging in his bedroom that was interrupted by his father.
There is no prior history of Suicide attempts and no other clear, identifiable triggers to this incident." - Reported 26 May 2021.

VAERS ID: 1769992-1

Age: 43
Sex: Female
State: Oregon
Vaccine: COVID19 PFIZER-BIONTECH
Date Vaccinated: 16 September 2021

"I'm always an optimistic person but about ***5 days from receiving the first and second dose I experienced Severe Depression, and thoughts of Suicide which I recognized as unusual yet I couldn't help feeling so hopeless and depressed for about 2 weeks after each shot. I have also noticed this depression in my kids who have received the shot as well. We have no other stressors or issues going on other than having had the shot."*** *- Reported 7 October 2021.*

3,186 Dead From Vaccines In Just 4 Months

"In order to give an idea of the magnitude of the current problem I made a search on VAERS using the National Vaccine Information Center website, Medalerts.

The search found 11,895 adverse events "where patient died" for all vaccines since the database opened in 1990 to 16 April 2021, of which **3,186 Were From Covid Vaccines or 27% of all cases in the space of just 4 months.**

This is quite likely the tip of the iceberg: a report on the database in 2010 stated "fewer than 1% of vaccine adverse events are reported". - John Stone in "Agency failure? (27% of all fatal reports on VAERS, started in 1990, are for Covid vaccines in the last 4 months)", Rapid Responses, BMJ, 24 April 2021.

Fewer Than 1% of Vaccine Deaths Are Reported

"Adverse Events from Drugs and Vaccines are common, but under-reported.

Although 25% of ambulatory patients experience an adverse drug event, less than 0.3% of all adverse drug events and 1-13% of serious events are reported to the Food and Drug Administration (FDA).

Likewise, **fewer than 1% of Vaccine Adverse Events are reported.**

Low reporting rates preclude or slow the identification of "problem" Drugs **and Vaccines that endanger public health.**" - Ross Lazarus, MBBS, MPH, MMed, GDCompSci et al, in "Electronic Support for Public Health–Vaccine Adverse Event Reporting System (ESP:VAERS)", Grant Final Report, Grant ID: R18 HS 017045, Agency for Healthcare Research and Quality (AHRQ), 2010.

Compared Outcomes Between Vaccinated and Unvaccinated Children

"A few independent (non-CDC) studies do exist that have compared outcomes between Vaccinated and Unvaccinated children.

A small survey study of 415 families with homeschooled children by Mawson et al., (Pilot comparative study on the health of vaccinated and unvaccinated 6- to 12- year old U.S. Children, J. Transl. Sci. 2017), **that compared vaccinated with completely unvaccinated children reported increased risk of many diagnoses among the vaccinated children including (condition, fold-increase):**

1. Allergic Rhinitis (30.1),
2. Learning Disabilities (5.2),
3. Attention Deficit Hyperactivity Disorder (ADHD) (4.2),
4. Autism (4.2),
5. Neurodevelopmental Disorders (3.7),
6. Eczema (2.9),
7. Chronic Illness (2.4).

The increased risk of neurodevelopmental disorders appeared to be higher in cases of preterm births.

Studies funded by the pharmaceutical industry or conducted by the CDC typically tend to find no harm associated with vaccination, while studies conducted without pharmaceutical industry funding have often found harm.

Hooker and Miller 2020 [Analysis of health outcomes in vaccinated and unvaccinated children:

Developmental delays,
Asthma,
Ear Infections, and
Gastrointestinal disorders],

recently found an increase in odds ratio (OR) in:

Developmental Delay (OR 2.18),
Asthma (OR 4.49),
Ear Infection (OR 2.13) in Vaccinated children compared to Unvaccinated children in a study using data from 3 practices.

Conclusions

We can conclude that **the Unvaccinated children in this practice are not, overall, less healthy than the Vaccinated** and that indeed the V**accinated Children Appear To Be Significantly Less healthy than the Unvaccinated.**

Our findings and those of Mawson et al., 2017, Hooker and Miller 2020, and **the numerous studies that have reported Adverse Health Following Vaccination.**

Our finding of a robust signal of anemia deserves follow up: **aluminum is known to bind to transferrin** [Association between iron deficiency and febrile seizures] **and, in so doing, may interfere with the proper deposition of iron in the bones of children."** - in "Relative Incidence of Office Visits and Cumulative Rates of Billed Diagnoses Along the Axis of Vaccination", International Journal Environmental Research and Public Health, 22 November 2020.

> ***"If a mum says: "I noticed a change like that, right after they got Vaccinated." You need to listen to them."*** *- Dr Jessica Rose, PhD, MSc, Bsc, Master's in Immunology, Memorial University of Newfoundland, Computational Biology, Bar Ilan University, Post Doctoral Degrees; Molecular Biology, Hebrew University of Jerusalem, Biochemistry, Technion Institute of Technology, in "The Covid Chronicles", Vaccine Safety Foundation, 23 June 2023.*

Vaccine & Autism: Causality Conclusion

"Conclusion 10.6: The evidence is inadequate to accept or reject a causal relationship between diphtheria toxoid-, tetanus toxoid-, or acellular pertussis-containing Vaccine and Autism." *- in "Adverse Effects of Vaccines; Evidence and Causality", page 545, 2012.*

Autistic Disturbances of Affective Contact - 1943

"Since 1938, there have come to our attention a number of children whose condition differs so markedly and uniquely from anything reported so far, that each case merits — and, I hope, will eventually receive — a detailed consideration of its fascinating peculiarities.

Richard was born on 17 November 1937.

Pregnancy and birth were normal.

He sat up at 8 months and walked at 1 year.

His mother began to "train" him at the age of 3 weeks, giving him a suppository every morning "so his bowels would move by the clock."

The mother, in comparing her 2 children, recalled that while her younger child showed an active anticipatory reaction to being picked up, Richard had not shown any physiognomic or postural sign of preparedness and had failed to adjust his body to being held by her or the nurse.

Nutrition and physical growth proceeded satisfactorily.

Following Smallpox Vaccination at 12 months, he had an attack of diarrhea and fever, from which he recovered in somewhat less than a week.

In September, 1940, the mother, in commenting on Richard's failure to talk, remarked in her notes:

"I can't be sure just when he stopped the imitation of word sounds. It seems that he has gone backward mentally gradually for the last 2 years. We have thought it was because he did not disclose what was in his head, that it was there all right. Now that he is making so many sounds, it is disconcerting because it is now evident that he can't talk. Before, I thought he could if he only would. He gave the impression of silent wisdom to me. One puzzling and discouraging thing is the great difficulty one has in getting his attention."

On physical examination, Richard was found to be **healthy except for large tonsils and adenoids,** which were removed on 8 February 1941.

For here we seem to have pure-culture examples of inborn Autistic disturbances of affective contact.

Since the completion of this paper, 2 more cases of inborn autistic disturbance of affective contact have come under our observation." - Leo Kanner in "Autistic Disturbances of Affective Contact", Journal, Nervous Child, 1943.

Vaccine Trials for Babies And Children Are Done in 2, 3, 4 & 5 Days Only

"Siri, Lawyer - Dr Plotkin, earlier you testified that there are two hep B vaccines on the market.

One by Glaxo, GSK, that's Endrix-B; and the other one is by Merck, Recombivax HB, right?

Dr Stanley Plotkin, MD – Yes.

Siri, Lawyer - For the Recombivax HB, how long was the safety review period in the Prelicensure Clinical Trial for this Vaccine?

Dr Stanley Plotkin, MD - I don't know.

Siri, Lawyer - Dr Plotkin, I'm going to hand you what's been labeled Plaintiff's Exhibit 10. This is the product, the manufacturer insert for Recombivax HB, correct?

Dr Stanley Plotkin, MD - Yes.

Q - And the clinical trial experience would be found in Section 6.1.

In Section 6.1, **when you look at the Clinical Trials that were done prelicensure for Recombivax HB, how long does it say that safety was monitored after each dose?**

Dr Stanley Plotkin, MD - 5 days.

Aaron Siri, Lawyer - Is 5 days long enough to detect Adverse Reactions that occur after 5 days?

Dr Stanley Plotkin, MD - No. They would be.

Q - Is it?

A - They would be reported separately as observed in the clinic.

Q - In Section 6.1 of the manufacturer insert, which under the Code of Federal Regulations are supposed to describe the clinical trial, does it provide for anything other than 5 days of monitoring after each dose for adverse events?

A - It does not specifically say that, no.

Q - Is 5 days long enough to detect an Autoimmune Issue that arises after 5 days?

A - No.

Q - Is 5 days long enough to detect a Seizure that arises after 5 days?

A - It would be unlikely to have a Seizure occur after 5 days.

Q - Is 5 days long enough to detect any Neurological Disorder that arose from the Vaccine after 5 days?

A – No.

Q - Was there any control group in this trial? Let me rephrase that. There's no control group, correct?

A – Not. They mention 3,258 doses were administered to 1,252 healthy adults.

Q - That's right. But does it mention any control group?

A - It does not mention any control group, no.

Q - If you turn to Section 6.2, what is the list of Adverse Reactions listed in this section?

A - These are reports of Adverse Reactions that likely were reported to the VAERS system.

Immune System Disorders

Q - Under Immune System Disorders, does it say that there were reports of Hypersensitive reactions, including:

1. Anaphylactic Reactions [itchy skin or a raised, red skin rash, swollen eyes, lips, hands and feet, feeling lightheaded or faint, swelling of the mouth, throat or tongue, which can cause breathing and swallowing difficulties, wheezing, abdominal pain, nausea and vomiting, collapse and unconsciousness],

2. Bronchospasms,

3. Urticaria.

Having been reported within the first few hours after Vaccination?

A - Yes.

Hypersensitivity Syndrome

Q - Have there been reports of Hypersensitivity Syndrome?

A - Yes. That's what it states.

Arthritis

Q - Does it, reports of Arthritis?
A - It is mentioned.

Autoimmune Diseases

Q - There are also reports of Autoimmune Diseases, including:

1. Systemic Lupus,
2. Erythematosus,
3. Lupus-like Syndrome,
4. Vasculitis,
5. Polyarteritis Nodosa.
As well, correct?
A - Yes. That's what it states.

Nervous System Disorders

Q - And also it states that, under the Nervous System Disorders, it states that after that, there have been reports of Guillain-Barré syndrome?
A - Yes.

Multiple Sclerosis

Q - As well as Multiple Sclerosis:

1. Exacerbation of Multiple Sclerosis;
2. Myelitis, including
3. Transverse Myelitis;
4. Seizure,
5. Febrile Seizure;
6. Peripheral Neuropathy, including
7. Bell's Palsy;
8. Radiculopathy,
9. Muscle Weakness,
10. Hypesthesia,
11. Encephalitis.

Correct?
A - Correct.

Q - When you say that Multiple Sclerosis has been studied and is determined to not have been caused, you're talking about the 2011 IOM report, I assume?

A - I'm talking about studies mostly done in France where the situation arose where there was a concern about that.

Q - You're aware of the 2011 IOM report that looked at certain Vaccines in relation to whether they can cause certain Adverse Reactions?

A - Yes.

Q - Are you aware that one of those conditions they looked at was Multiple Sclerosis?

A - Among others, yes.

Q - Among others. And that they specifically looked at it with regards to hepatitis B?

A - Yes.

Q - And do you know what their finding was?

A - I don't remember the exact wording, no.

Q - Maybe this will remind you:
"Inadequate to accept or reject a causal relationship."
They didn't know, correct?

A - Yes.

But you have to understand, first of all, that science continues and so studies continue. And secondly, that the IOM specifically decided that they would not draw a conclusion if they weren't sure of the conclusion.

So what that statement means is that they don't have data that confirm that multiple sclerosis is caused by the hepatitis B Vaccine and they, that they don't regard that they have enough data to positively exclude it.

So you cannot read that as saying that multiple sclerosis is caused by hepatitis B Vaccine.

Q - I never said that. The IOM did for some of the Vaccines and Adverse Reactions, did conclude that it favors rejection of a causal relationship, correct?

A - Yes, that's correct.

Q - But it didn't reach that conclusion for Hepatitis B and Multiple Sclerosis, correct?

A - It did not reach that conclusion.

But other data suggests that that conclusion is warranted, that there is no relationship.

Siri, Lawyer - Well, I'll make a demand for that.

Siri, Lawyer - What would need to be done to - in order to know whether or not any of these reported conditions are caused by the Vaccine, what you would need is a properly randomized, as you've said earlier, placebo-controlled study, correct?

A – Correct.

And, also, I would point out that multiple sclerosis is a disorder of adults, and the issue that arose in France was related to Vaccination of adults. That does not mean that it would be an issue, even if it were an issue, for children.

Siri, Lawyer - Dr Plotkin, I was just asking what it says on there.

There's lots of conditions listed.

I'm not saying that multiple sclerosis is caused by this.

I'm just asking if it's listed on Section 6.2.

In fact, we can even read the top of Section 6.2 which says:

The following additional adverse reactions have been reported with the use of the marketed Vaccine.

Because these reactions are reported voluntarily from a population of uncertain size, it is not possible to reliably estimate their frequency or establish a causal relationship to a Vaccine exposure, right?

A - Correct.

Q - So that's what it says right at the top of 6.2?

But these are events that are reported after Vaccination.

And as you've just, we just discussed, in order to establish whether it's causal between the Vaccine and the condition, you need a randomly, a randomized, placebo-controlled study?

A - Yes.

Q - But that was not done for this Hepatitis B Vaccine before licensure, was it?

A – No.

Q - And given that the Vaccine now appears on the CDC's recommended list, isn't it true that it would now be considered unethical to conduct such a study today?

A - It would be, yes, it would be ethically difficult.

Q - So let's take a look at Engerix-B.

That's the other the hepatitis B Vaccine that you testified that you recommend Faith receive. Do you know how long adverse reactions were reviewed after each dose of that Vaccine in the prelicensure clinical trial?

A - No.

Q - I'm going to hand you what has been marked Plaintiff's Exhibit 11.

This is the manufacturer insert for the Engerix-B.

If you turn to Section 6.1, which is clinical trials experience, can you please tell me how long the safety review period was in the prelicensure clinical trials after each dose?

A - All subjects were monitored for 4 days post administration.

That does not necessarily mean that they didn't collect reactions after 4 days.

Q - Are you claiming they collected reactions after 4 days but didn't disclose it here in violation of the Code of Federal Regulations?

A - I daresay that they collected putative reactions for a longer period.

I feel quite positive about that.

When they say, they were monitored for 4 days, that means active monitoring as opposed to collecting reports later on.

That is not uncommon in clinical trials.

Q - Is 4 days long enough to detect an Autoimmune issue that arises after 4 days?

A – No.

Q - Or a Neurological Disorder that arises after 4 days?

A - No. That would be reported later.

Q - And can you provide any proof that there was any reports or follow-up after those 4 days?

A - Well, it doesn't say that here, but I am willing to bet, that they did collect reactions after 4 days. And, I imagine that the FDA would not have allowed them not to do that.

Q - I'm going to make a request for you to provide proof of what you're claiming, that there was actually, for both hepatitis B Vaccines, any safety review that occurred after 4 days of administration of any dose of these Vaccines.

Ms Nieusma - Again, I'm going to continue the objection, I guess, from last time since we took a longer break.

There's a proper procedure to request documents in discovery. He doesn't have to come back and produce it.

Q - So, and there's no, there was no placebo group, correct? In the 13,000, in the trial at the top where it talks about 13,000 doses being administered.

A - It does not say that there was a control group.

I don't know. I'd have to go back and look at the study.

Q - And do you believe, so you think there – but you're just speculating that there might have been a control group?

A - There well might have been. It's not unusual for controls to be included, especially if you're looking at reactions. But I don't know specifically for this study.

Nervous System Disorders

Q - If you're claiming there might have been a control group, then please do provide support for that, because as far as I understand, the manufacturer - and this was - who makes Engerix-B? Glaxo?

One of your clients.

If there was a control group, they needed to have disclosed that. And I assume they're not disclosing it because there was none. So let's go back to section, now Section 6.2 on this manufacturer insert for Engerix-B.

It talks about the post-marketing experience for this Vaccine. This one lists for immune disorders, immune system disorders that were reported, a whole number of them, correct?

And it also lists a number of Nervous System Disorders, including:

1. Encephalitis,
2.Encephalopathy,
3. Migraine,
4. Multiple Sclerosis,
5. Neuritis,
6. Neuropathy,
7. Paresthesia.
8. Guillain-Barre Syndrome,
9. Bell's Palsy,
10. Optic Neuritis,
11. Paralysis,
12. Paresis,
13. Seizures,
14. Syncope,
15. Transverse Myelitis.

Correct? It lists all of those?
A - Yes.

Q - But to know whether or not these are actually caused by Engerix-B, again, you would need a properly randomized, placebo-controlled study, correct?
A - Correct.

Q - But this study wasn't done prelicensure for this vaccine, right?
A - I'd have to go back and look at the original studies. But these data, undoubtedly, refer not only to the study that was done before licensure, but also to phenomena reported after licensure.

Q - That's 6.2. And, again, given this Vaccine now appears on the CDC's recommended list, it would be unethical to do a randomized, placebo-controlled study of this Vaccine, right?
A - In children it would be unethical. It could be done in adults.

Q - Now, if you please go to page 11 of this same manufacturer insert for the hepatitis B, if you take a look over there, I think you'll find that it provides that there was a follow-up with regard to efficacy, not safety, efficacy, that was beyond the 4 days?
A - Yes.

Q - Do you see there was a 12-month and an 18-month follow-up?
A - Yes.

Q - So just to be clear, efficacy of the Vaccine was followed up for at least 12 months or 18 months, but safety was only done for 4 or 5 days?
A - I do believe that GSK, like any other company, would have followed their patients much longer than 4 days and would have collected reaction data.

Q - And if they didn't do that, you would agree that that is completely inadequate in terms of assessing safety prelicensure?

A - I would say that would be inadequate, yes.

Q - Do you agree with the CDC's recommendation that babies receive a hepatitis B on the first day of life?

A - Yes.

Q - And these are, the Engerix-B and Recombivax HB are the only 2 hepatitis B Vaccines approved for 1-day-old babies, correct?

A - Correct. "And why is that?" you may ask.

It is because if the baby is not Vaccinated.

I'm telling you that if the baby is not Vaccinated at 1 day of age, transmission may occur from an infected mother.

And the hepatitis B occurring in babies is likely to become chronic and to cause serious disease later in life.

That's why the dose is given at 1 day of age.

Q - Obviously, I'm just trying - like any product, obviously, you want to have informed consent to understand the risks and benefits.

I'm just trying to understand what was done prelicensure for these Vaccines.

I think you've explained that to me.

One of the things you said in the past and I believe is that without clinical trials, without a control group in a clinical trial, you're in la-la land, right?

You said that one time? Do you recall?

A - Without a control group, if you're looking for a phenomenon occurring in the Vaccine group, you cannot judge that phenomenon without having a control group.

Q - There's only 1 standalone polio Vaccine currently licensed in the United States, correct?

A - Well, as far as licensure, I think both oral and inactivated vaccines are licensed. But the only one that is used in the U.S. currently is the inactivated one.

Q – IPV?
A - Yes.

Q - And there's only one Company - Sanofi, there's only one, IPOL by Sanofi?
A - Yes.

Q - A Vaccine: How long was the safety review for each dose of IPOL in the preclinical trials for that Vaccine?
A - IPV has been used throughout the world for years in millions of people, and safety data have been collected on many such studies. And essentially, serious reactions to IPV are extremely rare. So IPV is a very safe Vaccine.

Q - I'm asking you in the prelicensure clinical trial, is there clinical trial data on safety?
A - Yes.

Q - Is that the same Vaccine that's used today?
A - Yes.

Q - Are you prepared to produce that clinical data?
A - Those data are in this book, and I'll be glad to provide you with the references if you really insist. But IPV, as I've said, has been used in millions and millions of people.

Q - If it's so safe, then how come the safety review period for the prelicensure clinical trial as provided in the manufacturer insert for IPOL only reviewed safety for 48 hours?
A - Once again, I have no doubt that safety observations were made after 48 hours, but they expected that immediate reactions, such as a sore arm or fainting or something like that, would have happened within 48 hours.
And, also, I'm sure that they're talking about their own specific production of IPV and not relying on the millions of other people who have been Vaccinated with IPV.

Q - I'm going to hand you what's being marked as Exhibit 12. This is the manufacturer insert for the IPOL polio virus vaccine inactivated.

If you could please turn to Section 6.1, Dr Plotkin.

If you could turn to the adverse reactions, which is on page 12, 14.

Ms Nieusma - I'll preserve the objection. To my understanding, Dr Plotkin had no role in study design. You're asking him to speculate as to the reasoning of other people that he had no contact with.

Siri, Lawyer - Okay. He's testifying that my client should receive this Vaccine. I can certainly ask him about the prelicensure clinical trials that were done to assess its safety. And you've put him up as an expert in Vaccinology.

So if you go to page 14, Dr Plotkin, how long does it say that adverse reactions were observed after Vaccination?

A – 48 hours.

Q - And did the subject group that received IPV only receive IPV or did they receive another Vaccine along with it?

A - Concurrently with DTP.

Q - And what did the control group receive?

A - I don't see that stated.

Q - If DTP is given along with IPV, how could you know whether a reaction was caused by DTP or IPV?

A - You could not.

However, they do say these systemic reactions were comparable in frequency and severity to that reported for DTP given alone without IPV.

Q - And DTP was the Vaccine we talked about earlier that was withdrawn from the market, correct?

A - Yes.

Q - For safety issues? The only MMR Vaccines available in the United States are made by Merck, correct?
A - Correct.

Q - How long was the safety review. Do you know how long the safety review period for each dose of MMR in the prelicensure clinical trial was for this Vaccine?
A - Not offhand.
The Vaccine has only been used now for about 50 years.

Q - How come there's no clinical trial data in the manufacturer insert?
A - That is something that the FDA would have decided isn't necessary.

Q - The FDA requires a clinical trial be on the insert. They're not here.
So let's - you're saying that this table - and let me take a look at it.
This would have been post licensure, not prelicensure.
And it doesn't indicate a placebo group, nor that it was, this is not a clinical trial, as far as I can tell.
Can you point me to something that had a placebo group and was prelicensure, please?
A I'm not sure of the placebo group. I would have to go back and look at the individual studies. But in terms of prelicensure studies, I am absolutely certain that they were done when the Measles - the Rubella Vaccine I developed was incorporated into MMR. **Obviously clinical trials were done before licensure.** I'm absolutely certain about that.

Q - Well, maybe they're not included because they didn't include a placebo group.
A - They may not have included placebo group, yes.

Q - But there was no control group?
A - I don't remember there being a control group for the studies that I'm recalling.

Q - So you don't, so you're not aware of any trial that assess safety in MMR with the control group, correct?

A - I cannot cite such a study offhand. I'd have to go back and look to see whether control groups were included.

Q - We talked earlier that to assess safety, you need a randomized, placebo-controlled study.

And my understanding from looking at this insert is that no such study exists.

You told me that it's in this chapter, and you assured me it's in there.

But you're not citing to anything in there right now.

So I'm happy to get a copy from you if you like to provide it after this deposition. Would you like to do that?

A - I will look.

Q - Going back to page 6, there are, of the manufacturer insert for MMR, there is an extensive list of adverse reactions that have been reported after licensure of this Vaccine by individuals receiving the Vaccine, correct?

A - Yes.

Q - I'm not going to read through all the ones in the - because it's a page and a half long, but they're extensive. And, of course, we won't know whether or not MMR actually causes any of these unless we have a randomized, placebo-controlled study, correct?

A - Correct.

Q - When I say “these”, I mean all the adverse reactions listed in the manufacturer insert for MMR on pages 6, 7, and 8, right?

You understood that's what I meant?

A - Yes.

Q - Maybe you can help clarify, okay? You know what?

I'll leave that alone. You also testified that Faith should be vaccinated for Hib, correct?

A - Yes.

Q - Do you know how long the safety review period was for each dose of ActHIB in the prelicensure clinical trials for this Vaccine?

A – No.

Q - I'm going to hand you what's been marked as Plaintiff's Exhibit 14, Dr Plotkin.

This is the manufacturer insert for ActHIB.

If we go to Section 6.1 which is the clinical trials experience, I believe you'll see it addresses a number of clinical trials that were performed.

What were the safety review periods in these trials?

A - 48 hours. Yes.

Q - Actually, you know, if you turn to page 8, Dr Plotkin, they did one that actually was 30 days long, correct?

I said if you turn to page 8 of the insert, one of the clinical trials they did actually did look at, did do a 30-day follow-up, correct?

A - Yes.

Q - Now, I'm going to read you a sentence from the paragraph at the bottom of that page.

It says: In study P3206, within 30 days following any dose, one through three of DAPTACEL plus IPOL plus ActHIB Vaccines, **50 of 1,455 - that's 3.4% - participants experienced a serious adverse event, right?**

A - Yes.

Q - Now, one way to establish whether or not those Adverse Events were related to the Vaccine was to have a placebo group, a control group receiving an inert substance, correct?

A - That's one way.

Q - That's right. But there wasn't a control group here receiving an inert substance, correct?

A - As far as it says, no.

Q - And the control group here received other Vaccines,

correct?

A – Yes, actually, it does appear to be for dose 4, anyway.

Q - Since there is no placebo group receiving an inert substance, then it's left to the Vaccine manufacturer seeking licensure to determine whether or not the 50 the adverse events that arose are or are not related to the Vaccine, correct? Let's look at that more carefully.

This is out of the, out of 1,455, correct?

A - Yes.

Q - And it was 50 children that had a Serious Adverse Event within 30 days, correct?

A - Yes.

Q - In your experience, Dr Plotkin, in any given 30-day period, do 3.4% of children in this country experience a serious adverse event?

A - Yes. That's quite possible.

Q - In your experience, would you expect 3.4% of children receiving a saline injection to experience a serious adverse event within 30 days of receiving the injection?

A - That's what that means; yes.

Q - So 3.4% every month, that would mean within 3 years, every child in this country would experience a serious adverse event, correct?

A Yes. That's correct.

Q - Wasn't there recently a study out of Hong Kong in which it was actually one of the few randomized placebo-controlled studies in which some children were, randomly got Flu Vaccine and others didn't get the flu shot. And those that got the flu shot, and those who didn't had the same rate of flu. But those who got the flu shot were 4 times more likely to get certain other respiratory infections?

A - I have not read that particular study.

"In a double-blind randomized controlled trial, we randomly allocated children aged 6–15 years to receive 2008–2009 seasonal trivalent influenza inactivated vaccine (TIV; 0.5 mL Vaxigrip; Sanofi Pasteur) or placebo.
There was no statistically significant difference in the risk of confirmed seasonal influenza infection between recipients of TIV *or placebo.*
However, ***participants who received TIV had higher risk of ARI associated with confirmed noninfluenza respiratory virus infection (RR, 4.40; 95% CI, 1.31–14.8). Including 2 additional confirmed infections when participants did not report ARI, TIV recipients had higher risk of confirmed noninfluenza respiratory virus infection (RR, 3.46; 95% CI, 1.19–10.1).***
The majority of the noninfluenza respiratory virus detections were rhinoviruses and coxsackie/echoviruses, and the increased risk among TIV recipients was also statistically significant for these viruses." - in "Increased Risk of Noninfluenza Respiratory Virus Infections Associated With Receipt of Inactivated Influenza Vaccine", Clinical Infectious Diseases, 15 June 2012.

"We report the results of a large randomized controlled trial of seasonal TIV during a period when pH1N1 as well as seasonal influenza viruses circulated in the community. ***Vaccine efficacy estimate of 47%.*** *Despite evidence of protection against confirmed influenza,* ***there was no evidence that TIV protected children against ARI or FARI. A similar observation was reported in our pilot study (Increased Risk of Noninfluenza Respiratory Virus Infections Associated With Receipt of Inactivated Influenza Vaccine", Clin. Infect. Dis., 15 June 2012)."*** *- in "Protective Efficacy Against Pandemic Influenza of Seasonal Influenza Vaccination in Children in Hong Kong: A Randomized Controlled Trial", Clinical Infectious Diseases, 1 September 2012.*

Q - We can get to it later.
A - But influenza Vaccine is a whole story in itself.

Q - If you haven't read it, that's, you know, we can get to it. I have it.
Now, there's another Act, there's another Hib Vaccine called Hiberix, right, and then - which was licensed after ActHIB, correct?
A - Yes.

Q - And in that clinical trial, they used ActHIB as the placebo to assess safety, correct?
A - If you say so.

Q - The CDC's pediatric schedule, you testified earlier, also includes Vaccination for HPV, correct?
A - Yes.

Q - I'm going to hand you what's been marked as Plaintiff's Exhibit 15.
This is the manufacturer insert for GARDASIL.
Which is a Vaccine against HPV?
A - Yes.

Q - GARDASIL is currently the only HPV used in the United States, correct?
A - I'm not sure whether the GSK Vaccine is still being used or not, but GARDASIL is the one that is used mostly in any case.

Q - Can you please turn to page 8, table 9, of this insert.
This table reflects girls and women 9 through 29 years of age who reported an incident condition potentially indicative of a systemic autoimmune disorder during the clinical trial, correct?
A - Yes.

Q - The subjects receiving GARDASIL show a rate of 2.3%.

So that means 2.3% of the girls and women in the clinical trial during a 6-month period had an incident that indicated a Systemic Autoimmune Disorder, correct?

A – Yes.

Q - And in the AAHS control or saline placebo group, it shows the same rate, correct?

A - Yes.

Q - Do you know how many individuals were in the saline placebo group versus the AAHS control group?

A - Well, it says 9,412.

Q - That would be the total number for both groups, correct?

A - No. For the placebo group.

Q - For the placebo group, correct. But some of them received AAHS, and some of them received a saline injection, correct?

A - Correct.

Q - Do you know how many received a saline injection over an AAHS injection?

A - Don't know.

Q - Let's go to page 4, and table one is for girls and table 2 is for boys.

I'm assuming all participants were either girls or boys.

If we add up the saline placebo group for the girls and the saline placebo group for the boys, do we get 594?

A - Well, I have to do the arithmetic.

But it appears that there were about 5,000, more than 5,000 in the AAHS control and about 600 in the saline placebo.

Q - It's about 594. It's about 600. That's right, right?

So if we go back to page 8, the saline placebo group had about 5 in 600, and the rest of them were AAH control, correct?

A - Apparently, yes.

Q - What does AAHS stand for?

A - The Aluminum adjuvants.

Q - And I see it's defined here as amorphous Aluminum Hydroxyphosphate sulfate.

AAHS is not an inert substance, correct?

A - Well, it's not saline, if that's what you mean.

But they use it as a control because they're trying to make, to determine what the reactions are to the HPV Vaccine that contains the Aluminum and separating the reactions to Vaccine from reactions to the Aluminum.

Q - Let me try and understand that.

Are you saying they're trying to determine what the rate of reactions is between the group that gets GARDASIL.

A - Yes.

Q - With the group that gets the Aluminum.

A - Yes.

Q - With the group that gets saline?

A - Yes.

Q - So they want to compare between those 3 distinct groups, correct?

A - Yes.

Q - The antigens bind to the Aluminum?

A - Yes.

Q - And the Aluminum is persistent?

A - Yes.

Q - And it remains in the body such that it continues to present the antigen such that antibodies can be created to it, correct?

A - Well, at least during the immediate period of Vaccination, yes.

Q - There is, in fact, a Syndrome called autoimmune/autoinflammatory Syndrome induced by adjuvants, correct?

A - That is a debatable point.

There's a fellow named Yehuda Shoenfeld, an Israeli, who has pushed this idea for many years, as I think it's fair to say that he has never had acceptance by the larger community of immunologists or rheumatologists.

Q - I'm going hand you what's being marked as Exhibit 16.

Are you familiar with this book?

A - Generally speaking, yes.

I can't say I've read it all, no.

Q - And it's entitled "Vaccines In Autoimmunity", correct?

A - Yes, correct.

Q - And it extensively discusses, it's - it discusses many Autoimmune Conditions that the authors believe can be caused by Vaccine, and in particular by Aluminum adjuvants?

A - I don't know about particularly Aluminum adjuvants, but that's one of their arguments.

Q - There are, I think, somewhere around 77 contributors listed here.

You said that Yehuda Shoenfeld was kind of alone, I think, or something like that with regard to the claim that autoimmune/autoinflammatory syndrome induced by adjuvants.

A - Yes.

Q - Can you just flip through and look at the universities that are listed here where these over 70 professors hail from.

Are these respected institutions of medicine around the world?

A - Well, first of all, I have to go over the CVs of each of the people here.

You know, I don't know what their role is at the universities.

As I said before, Shoenfeld – first of all, Shoenfeld himself is not anti-vaccination.

I know that for a fact.

On the other hand, at least one of his co-authors, Tomljenovic, is a well-known anti-vaccination person who has written a lot about how terrible Vaccines are.

And as far as the articles are concerned, you know, I have to read each one.

But, for example, Vaccination in patients with autoimmune inflammatory rheumatic diseases, in other words, patients who themselves already have autoimmune diseases, that's a, certainly a legitimate field of study; in other words, how do you Vaccinate people who already have autoimmune disease?

Could their Vaccinations make things worse?

But that doesn't necessarily mean that the Vaccines themselves cause disease. Now, here we have a chapter called "Measles, Mumps, and Rubella Vaccine: A Triad to Autoimmunity", of which Shoenfeld himself is one of the authors.

I am - what shall I say?

I do not believe there is any solid evidence that Measles, Mumps, and Rubella disease cause autoimmune responses.

So, you know, lots of books are published, and a lot of them are absolute bull.

Q - Are you saying that this book is bull?

A - I haven't read the whole thing, but I'm almost certain there's a lot of bull in it, judging from the editors.

Q - Without reading it, right?
A - Without reading all of it, yes.

Q - Are you familiar with the Tel Aviv Sourasky Medical Center?
A - No.

Q - Are you familiar with the University of Paris?
A - University of Paris. Paris has many different universities.
They're sort of numbered.

Q - Familiar with University of Pisa?
A - No. I'm sure there is a University of Pisa.

Q - Are you familiar with the Technion-Israel Institute of Technology?
A - Yes.

Q - The Rappaport School of Medicine?
A - I can tell you one thing because I've talked to Israelis about Shoenfeld, and Shoenfeld's opinions are not majority opinions even in Israel.

Q - But for better or worse, there is a syndrome out there that is called autoimmune/autoinflammatory syndrome induced by adjuvants, and there are apparently professors at universities who disagree about the syndrome.
But it is out there, right?
A - There is - Shoenfeld has postulated the syndrome, yes.

Q - And there's at least 70 professors at universities around the world that are in agreement with that syndrome in his book.
A - No, absolutely not. I'll bet if you go through that book and talk to them, you would find that most of them probably do not agree because all of the articles in this book don't say that Vaccines cause autoimmunity.
Some of them do.

Q - There has been concern raised that Aluminum adjuvants of Vaccines can cause autoimmunity.

A - There has been concerns raised, yes.

Q - So if there's been concerns raised that Aluminum in Vaccines can cause autoimmunity and there's this medical text with which I understand your opinion on, why combine the autoimmunity rate in the Aluminum adjuvant control with the autoimmunity rate in the saline placebo?

Why not break those out to show them separately?

A - Well, they did to some extent. But I think the reasoning was that they wanted to be sure that the reactions that were seen - and let me parenthetically say that HPV vaccine is painful.

And they wanted to be sure that the reactions that they were seeing were not caused by the adjuvant or that they were specific to the HPV antigens themselves and not to the adjuvants. So I can judge that's why they did that.

Q - Well, under that logic, then they certainly should have broken out the Aluminum control from the saline placebo control and showed them in 2 separate columns on page 8, correct?

A - They probably should have, yes.

Q - So that you could see the difference in autoimmune rate between the individuals receiving the Aluminum and the saline placebo, correct?

A - Yes.

Q - In your experience, would you expect 2.3% of the girls, of girls and women in this country between the ages of 9 and 26 to develop a Systemic Autoimmune Condition in a 6-month period?

A - Well, that's a hard question for me to answer.

I am not a rheumatologist.

But the, when they say “autoimmune conditions”, I'd have to read exactly what they mean.

Q - There's a list. If you go to page 8, they've got a long list right there of the conditions. Starts with Arthralgia.

A - Yes. So they have included just about everything that you could consider in Autoimmune Disorder. And all I can say is that they have, as I - well, as I've just said, they've attempted to include everything.

And those are the data. You know, what can I say?

As far as 2.3% autoimmune disorders in 6 months, these are women 9 through 26 years of age, so they're not just girls.

And I don't think it's impossible that that's the case, especially when you have a list of disorders that is so comprehensive as this.

Q - So 2.3% in 6 months, 4.6% in a year, in 10 years half the women in this country would have autoimmunity.

In your experience, would that be accurate?

A - Well, again, I am not a rheumatologist, so I cannot answer that question specifically. All that I can say is that they attempted to do a comprehensive study of autoimmune phenomena or putative autoimmune phenomena in this study, and that's what they found.

Q - What, do you know the percentage of girls in the saline placebo group that developed a systemic autoimmune condition during this clinical trial versus the AAH control.

A - No.

Q – AAHS?

A - No, I did not, without going back to the original study.

Q - Dr Plotkin, I'm going to hand you what's been marked as Plaintiff's Exhibit 17.

This is the clinical trial data for the saline placebo control group in the GARDASIL trial.

You can see that the number of Vaccinated in the placebo is 596. It says: A study of GARDASIL in preadolescents and adolescents, correct?

A - Yes.

Q - Page 2, you can see this. It has the 596 saline placebo recipients. Can you please turn to the Serious Adverse Event section, unfortunately.

A - Serious Adverse Events.

Q - You can see that the second column is the placebo, the results of the placebo group, correct?

Can you please take a minute and go through each page and tell me if there was any value that wasn't zero in terms of finding a Serious Adverse Event?

A - No, I don't see any.

Q - So in the saline placebo group during the trial, there was not a single Systemic Autoimmune Disorder that was reported, but yet there was 218, 2.3%, or maybe more actually, in the AAH control when you pull out the saline placebo group.

A - Again, you have to do the arithmetic.

But if you subtract the 600 or so from the total, you can easily figure out the percentage in the Aluminum group.

Q - So let's do that.

There's 900,412 in the Aluminum group – in the total, in all of, in both groups combined.

A - Yes.

Q - Doesn't it at least caution having a larger saline placebo group if your concern is statistics in terms of statistical power, which I assume.

A - Yes, they might have done that, if they.

Q - But they didn't do that?

A - Yes. I don't know what that decision was based on.

But if you're talking about implication of Aluminum, at this point **there's really no reason to suspect that Aluminum by itself can cause Autoimmune Disease.**

Q - Here's the clinical, prelicensure clinical study in which 2.3% of participants in the GARDASIL group and in the control group had a Systemic Autoimmune Disorder, and it was deemed safe because they were around the same rate, right?

A – Yes.

Q - If you turn to page 5, they, again, break out the GARDASIL/AAH control and saline placebo groups in tables 3 and 4 correct?

A - Yes.

Q - But they chose to conveniently combine it when it came to Systemic Autoimmune Disorders, right?

A - Well, in the case of the page 4 and 5, they were looking at local reactions.

And, of course, Aluminum does give local reactions.

On page 8, whether we're looking at systemic autoimmunity, I guess they believed that Aluminum in itself is reasonable control and would not cause autoimmunity.

Aaron Siri, Lawyer - So going into the study, they just assumed Aluminum wouldn't cause autoimmunity and so that's how they proceed in designing it. I got it." - in "Deposition of Dr Stanley A. Plotkin, MD, State of Michigan in the Circuit Court for the County of Oakland Family Division: Lori Matheson f/k/a Lori Ann Schmitt, Plaintiff vs. Michael Schmitt, Defendant; Case No. 2015-831539-DM.", New Hope, Pennsylvania, 12:37, 11 January 2018.

Vaccines for Babies First 6 Months of Life 3 Shots of Each

Vaccine	Safety Review Period	Control Used
Hib by Merck	**3 Days**	**Hib**
IPV by Sanofi	**3 Days**	**None**
Hep-B by Merck	**5 Days**	**None**
DTaP by GSK	**28 Days**	**DTP**
PCV13 by Pfizer	**6 Months**	**PCV7**

Is 3 or 5 Days Enough To Asses Any Neurologic Side Effects of Vaccines?

"What to know about this extra dose: According to the CDC, if any child receives the MMR Vaccine before their first birthday, they will need 2 more Vaccines to complete the series.

The second dose is given between 12 and 15 months of age, and the third dose is given at least 28 days following the second dose." - in "CDC says infants should get extra measles vaccine prior to traveling abroad as cases rise", ABC News, 22 June 2023.

Vaccines in the Child and Adolescent Immunization Schedule*

Vaccine	Abbreviation(s)	Trade name(s)
COVID-19	**1vCOV-mRNA**	Comirnaty®/Pfizer-BioNTech COVID-19 Vaccine
		SPIKEVAX®/Moderna COVID-19 Vaccine
	2vCOV-mRNA	Pfizer-BioNTech COVID-19 Vaccine, Bivalent
		Moderna COVID-19 Vaccine, Bivalent
	1vCOV-aPS	Novavax COVID-19 Vaccine
Dengue vaccine	**DEN4CYD**	Dengvaxia®
Diphtheria, tetanus, and acellular pertussis vaccine	**DTaP**	Daptacel® Infanrix®
Diphtheria, tetanus vaccine	**DT**	No trade name
Haemophilus influenzae type b vaccine	**Hib (PRP-T)**	ActHIB® Hiberix® PedvaxHIB®
	Hib (PRP-OMP)	
Hepatitis A vaccine	**HepA**	Havrix® Vaqta®
Hepatitis B vaccine	**HepB**	Engerix-B® Recombivax HB®
Human papillomavirus vaccine	**HPV**	Gardasil 9®
Influenza vaccine (inactivated)	**IIV4**	Multiple
Influenza vaccine (live, attenuated)	**LAIV4**	FluMist® Quadrivalent
Measles, mumps, and rubella vaccine	**MMR**	M-M-R II® Priorix®
Meningococcal serogroups A, C, W, Y vaccine	**MenACWY-D**	Menactra®
	MenACWY-CRM	Menveo®
	MenACWY-TT	MenQuadfi®
Meningococcal serogroup B vaccine	**MenB-4C**	Bexsero®
	MenB-FHbp	Trumenba®
Pneumococcal conjugate vaccine	**PCV13** **PCV15**	Prevnar 13® Vaxneuvance™
Pneumococcal polysaccharide vaccine	**PPSV23**	Pneumovax 23®
Poliovirus vaccine (inactivated)	**IPV**	IPOL®
Rotavirus vaccine	**RV1** **RV5**	Rotarix® RotaTeq®
Tetanus, diphtheria, and acellular pertussis vaccine	**Tdap**	Adacel® Boostrix®
Tetanus and diphtheria vaccine	**Td**	Tenivac® Tdvax™
Varicella vaccine	**VAR**	Varivax®
Combination vaccines *(use combination vaccines instead of separate injections when appropriate)*		
DTaP, hepatitis B, and inactivated poliovirus vaccine	**DTaP-HepB-IPV**	Pediarix®
DTaP, inactivated poliovirus, and *Haemophilus influenzae* type b vaccine	**DTaP-IPV/Hib**	Pentacel®
DTaP and inactivated poliovirus vaccine	**DTaP-IPV**	Kinrix® Quadracel®
DTaP, inactivated poliovirus, *Haemophilus influenzae* type b, and hepatitis B vaccine	**DTaP-IPV-Hib-HepB**	Vaxelis®
Measles, mumps, rubella, and varicella vaccine	**MMRV**	ProQuad®

*Administer recommended vaccines if immunization history is incomplete or unknown. Do not restart or add doses to vaccine series for extended intervals between doses. When a vaccine is not administered at the recommended age, administer at a subsequent visit. The use of trade names is for identification purposes only and does not imply endorsement by the ACIP or CDC.

Source: "Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger", CDC 24/7: Saving Lives, Protecting People, 2023.

Request to the CDC for Studies, That Show That, Vaccines Don't Cause Autism

"FOIA Requests to the CDC, were as follows:

- All studies relied upon by CDC to claim that the DTaP Vaccine does not cause Autism.

- All studies relied upon by CDC to claim that neither Engerix-B nor Recombivax HB (Vaccines) do not cause Autism.

- All studies relied upon by CDC to claim that Prevnat-13 (Vaccine) does not cause Autism.

- All studies relied upon by CDC to claim that Hib Vaccines do not cause Autism.

- All studies relied upon by CDC to claim that inactivated polio Vaccine (IPV) docs not cause Autism.

- Copies of the studies the CDC relies upon to claim that the cumulative exposure of Vaccines it recommends that babies be administered during the first 6 months of life do not cause Autism.

In Reply to the FOIA Requests, the CDC Cited 20 Studies, Reviews

18 Involving Thimerosal and/or MMR

1 Involving antigen (Not Vaccine) exposure

1 Involving MMR, Thimerosal, and DTaP

0 Involving Vaccines requested, except 1 study of DTaP which found a correlation!" - Aaron Siri, Lead Counsel, ICAN Legal Team, in "Novel Coronavirus Southwester Intergovernmental Committee", Arizona State Senate, 25 May 2023.

Hepatitis B Vaccine Clinical Trials

"RECOMBIVAX HB [Hepatitis B Vaccine, Recombinant] is indicated for prevention of infection caused by all known subtypes of hepatitis B virus. **RECOMBIVAX HB is approved for use in individuals of all ages.**

RECOMBIVAX HB Dialysis Formulation is approved for use in adult predialysis and dialysis patients 18 years of age and older.

In 3 clinical studies, 434 doses of RECOMBIVAX HB, 5 mcg, **were administered to 147 healthy Infants and Children (up to 10 years of age) who were monitored for 5 Days after each dose.**

Injection site reactions and Systemic Adverse Reactions were reported following **0.2% and 10.4% of the injections,** respectively.

The most frequently reported Systemic Adverse Reactions (>1% injections), in decreasing order of frequency, were:

1. **Irritability,**
2. **Fever (≥101°F oral equivalent),**
3. **Diarrhea,**
4. **Fatigue/weakness,**
5. **Diminished appetite,**
6. **Rhinitis.**

In a study that compared the 3-dose regimen (5 mcg) with the 2-dose regimen (10 mcg) of RECOMBIVAX HB in adolescents, the overall frequency of adverse reactions was generally similar.

In a group of studies, 3,258 doses of RECOMBIVAX HB, 10 mcg, were administered to 1,252 healthy adults **who were monitored for 5 Days after each dose.**

Injection site reactions and **Systemic Adverse Reactions were reported following 17% and 15% of the injections, respectively.**

The following adverse reactions were reported:

Incidence Equal To or Greater Than 1% of Injections

GENERAL DISORDERS AND ADMINISTRATION SITE CONDITIONS

Injection site reactions consisting principally of:

Soreness, and including
Pain,
Tenderness,
Pruritus,
Erythema,
Ecchymosis,
Swelling,
Warmth,
Nodule formation.

The most frequent systemic complaints include:

Fatigue/weakness;
Headache; fever (≥100°F);
Malaise.

GASTROINTESTINAL DISORDERS

Nausea;
Diarrhea

RESPIRATORY, THORACIC AND MEDIASTINAL DISORDERS

Pharyngitis; upper respiratory infection Incidence Less Than 1% of Injections

GENERAL DISORDERS AND ADMINISTRATION SITE CONDITIONS

Sweating;
Achiness;
Sensation of warmth;
Lightheadedness;

Chills;
Flushing

GASTROINTESTINAL DISORDERS

Vomiting;
Abdominal Pains/Cramps;
Dyspepsia;
Diminished appetite

RESPIRATORY, THORACIC AND MEDIASTINAL DISORDERS

Rhinitis;
Influenza;
Cough

NERVOUS SYSTEM DISORDERS

Vertigo/Dizziness;
Paresthesia

SKIN AND SUBCUTANEOUS TISSUE DISORDERS

Pruritus;
Rash (non-specified);
Angioedema;
Urticaria

MUSCULOSKELETAL AND CONNECTIVE TISSUE DISORDERS

Arthralgia including Monoarticular;
Myalgia;
Back Pain;
Neck Pain;
Shoulder Pain;
Neck Stiffness

BLOOD AND LYMPHATIC DISORDERS

Lymphadenopathy

PSYCHIATRIC DISORDERS

Insomnia/Disturbed Sleep

EAR AND LABYRINTH DISORDERS

Earache

RENAL AND URINARY DISORDERS

Dysuria

CARDIAC DISORDERS

Hypotension" - in "RECOMBIVAX HB Hepatitis B Vaccine (Recombinant)", Package insert Recombivax HB, MERCK, December 2018.

The More Vaccines You Give Your Child, The More Likely It Is That They Will Develop Chronic Diseases Including Autism

"The data is clear: the more Vaccines you give your child, the more likely it is that they will develop chronic diseases including Autism.

Here's a quick summary of my survey of the parents of 10,000 kids.

The results agree with peer-reviewed studies that have been done.

The CDC refuses to do this study (vaxxed vs. fully unvaxxed).

Here is the summary of the survey, the odd-ratio for kids getting the condition with 10-15 Vaccines compared with kids with no Vaccines or Vitamin K shots.

So, if you got 10-15 Vaccines, you are 4.5 times more likely to develop Autism than an Unvaccinated child.

And we know from other studies (pediatric clinics with thousands of unvaccinated kids), that when you eliminate Vaccination and the use of Tylenol, the Autism rates drop to near 0 (zero).

These results shouldn't be a surprise at all.

They are similar to other studies comparing vaccinated with fuly unvaccinated kids.

The bottom line is that Kids with more Vaccines are More likely, to have a large number of Chronic Neurological Conditions.

For example:

ADHD: 7 times more

Autoimmune Disorders including PANDAS/PANS: 21 times more

Autism: 5 times more

Asthma: 9.3 times more

Epilepsy: 4 times more

Sinusitis: 32.8 times more

Other serious Mental Health/Behavioural conditions not listed as OCD: 9 times more

Also the vitamin K shot, should always be refused.

It is as devastating as giving your child a Vaccine at birth as has been clearly pointed out in the Control Group study.

In short, listening to your doctor was a huge mistake that your child will likely never recover from." - in Steve Kirsch, founder of Vaccine Safety Research Foundation, in "Steve Kirsch's newsletter", 31 May 2023.

Fainting After Vaccination

"Fainting Can Happen After Many Types of Vaccinations.

Fainting can be triggered by Many Types of Medical Procedures. In fact, CDC has received reports of people fainting after nearly all Vaccines.

Fainting after getting a Vaccine is most commonly reported after 3 Vaccines given to adolescents:

HPV,
MCV4, and
Tdap.

Because the ingredients of these 3 Vaccines are different, yet fainting is seen with all of them, scientists think that fainting is due to the Vaccination process and not to the Vaccines themselves.

However, **there is not yet a definite answer about whether an ingredient of the Vaccines is responsible for the fainting or if adolescents are simply more likely than children or adults to experience fainting."** - in "Fainting (Syncope) after Vaccination", CDC 24/7: Saving Lives, Protecting People, Centers for Disease Control and Prevention, 28 August 2015.

The Vaccine Master of Puppets

"Dr Stanley Alan Plotkin, MD, a consultant to Vaccine manufacturers, such as Sanofi Pasteur, as well as Biotechnology Firms, Non-Profits and Governments.

In the 1960's, he played a pivotal role in discovery of a Vaccine against rubella virus while working at Wistar Institute in Philadelphia.

His book Vaccines, is the standard reference on the subject. He is an editor with Clinical and Vaccine Immunology, which is published by the American Society for Microbiology in Washington, D.C." - in "Wikipedia", 17 July 2023.

"Stanley Plotkin has been hugely influential on Global Vaccination practice and policy during his long Vaccine Industry-funded career.

Plotkin "consults for many Pharmaceutical and Biotech Companies, as well as non-profits".

His endorsement of Mandatory Vaccination to counter scepticism about safety, i.e.

> ***"I have to say that it works - even though there's a lot of opposition - because the US maintains high coverage."***

Plotkin's association with MyMetics, SynVaccine, GeoVax Labs, GlycoVaxyn AG, Adjuvance Technologies, BioNet-Asia, Abcombi Biosciences.

Dr Plotkin is a paid consultant to Sanofi Pasteur, GlaxoSmithKline, Merck, Pfizer, Inovio Pharmaceuticals, Variations Bio, Takeda Pharmaceutical Company, Dynavax Technologies, Serum Institute of India, CureVac, Valneva SE, Hookipa Pharma, and NTxBio. Vaxconsult gives advice to vaccine developers." - in "Vaccine Hesitancy: an interview with Stanley Plotkin, rubella Vaccine developer", Rapid Response, BMJ, 23 December 2019.

> ***"Described by Bill Gates as "an indispensable guide to the enhancement of the well-being of our world", Plotkin's Vaccines is a must-have reference for current, authoritative information in this fast-moving field."*** *- in "Plotkin's Vaccines", Science Direct, 2018.*

> ***"I hope that you all have indeed read the Book (Plotkin's Vaccines), and I hope that is more accurate than the Bible."*** *- Dr Stanley A. Plotkin, MD, speeach at National Vaccine Advisory Committee (NVAC), Conference, before 2019.*

The Men of Science Inquisition

"In view of the proposed Regents Bill (an act in relation to the public health, etc.) the following editorial from a recent issue of the New York "World" is certainly worth republishing at this time.

Three Brooklyn physicians of standing.

Drs Thomas Dixon, E. E. Hicks and Le Grand Kerr, have been haled before the bar of the Kings County Medical Society for trial on charge of violating the ethics of the profession.

Dr Dixon in particular was accused of giving out information calculated to benefit the public.

He does not seem repentant, but the others are alive to their sins.

This ethical business has long been the bane of a noble profession.

Just as the Inquisition, designed to preserve the purity of religion, led to atrocities without equal in the rich record of human savagery, so medical ethics have been twisted to repel advance in science, to protect incompetents and to embarrass the household in its rights to the free employment of whom it pleases in the precious work of alleviating illness and preserving life.

Hippocrates and Galen would be shamed by the antics of these organized bodies of physicians, too often more intent upon protecting their pocketbooks and hiding blunders than upon the preservation of the true ethics of medicine - mercy, kindness, promptness and reasonable fees." - in "Medical Ethics", The Eclectic Review, 1913.

"As Lord Oxford recently reminded us:

"Science like theology was apt, unless it was carefully looked after, to lapse into dogmatism; and one of the most interesting and instructive lessons in that chapter in the annals of free thought was the warning it gave them against the too facile assumption of finality.

It was, perhaps, lucky that men of science had not at their disposal, as churchmen used to have, the apparatus of excommunication and inquisition", and he cited the treatment meted out to Samuel Butler; the perverse and brilliant author of Erewhon "by some of the hierophants of Evolution."

Scientists like divines have to learn:

> *"There lives more faith in honest doubt, Believe me, than in half the creeds."*

One recalls the bitter strife which Huxley waged with Wilberforce and Gladstone over the Bible and science when his opponents had not the light-handed gaiety to retort, as Kingsley did:

> *"Oh ye men of science, leave us our ancestors in Paradise and you may have yours in the Zoological Gardens."*

- in "The Man versus the Microbe", 1929.

A Vaccine Agenda in Place to Create Diseases

"The Pharmaceutical Industry, working with Federal Health Agencies around the world, have a Vaccine Agenda in place to create diseases, and symptoms that people are going to live with for the rest of their life.

I believe the same industry wants to sell you solutions to manage those symptoms for life.

What better way to create a customer base than injecting a Hepatitis B vaccine into a baby on day one, which has a myriad of side effects, such as:

1. Juvenile Diabetes,
2. Juvenile Arthritis,
3. Autism,
4. you name it…

And then have the same opportunity then to sell that family or that individual drugs for the rest of their life to manage their symptoms it is an incredibly evil racket.

A lot of people have been woken up to the fact that the Covid-19 injections are a racket, and not truthful, and not completely 100% honest.

So that distrust of that vaccine agenda it's no different the same individuals who are pushing this vaccine Covid-19 agenda, are the same ones who push the CDC schedule for children and teenagers.

If you want hope for your future please resist pharmaceutical instruments and drugs as much as possible in your life and try to find and put more faith in natural remedies.

Please say no to drugs; let's take Nancy Reagan stance "Just Say No to Drugs", that includes anything the drug makers make.

I don't care if it comes in a pill form, I don't care if it comes in an injection, **they all make the same items, just say No to the Drugs, and please say No to Vaccines.**

There's enough research studies, that have already shown unvaccinated children have far less symptoms, symptomatology and diseases than the vaccinated." - Dr Bryan Ardis, DC, in "Propaganda Exposed", Episode 3: Weaponizing Fear & Mandating Compliance, 11 November 2022.

The Unvaccinated Are a threat to the Vaccinated

2015

"When vaccinated people get ill during an outbreak, some people assume that to be evidence that vaccines do not work.

The reality is vaccines work for most people but not all." - in "Unvaccinated Population Poses Different Risks to Different People", The Children's Hospital of Philadelphia, 15 October 2015.

2017

"Vaccines aren't 100% effective.

So even some people who are vaccinated will still be at risk.

The greater the number of unvaccinated people in a community, the more opportunity germs have to spread.

This means outbreaks are more difficult to stem and **everyone is at greater risk of exposure — including vaccinated people.**" - in "If Vaccines Work, Why Do Unvaccinated People Pose a Risk?", The Children's Hospital of Philadelphia, 12 September 2017.

The Aggressive Childhood Vaccine Schedule And The Astonishing Rise In Autism

"I have been thinking about the Toxicity of Aluminum for 35 years. It is my life's work. Before we completed our recent research on Aluminum in brain tissue in Autism, I could not see a direct link between human exposure to Aluminum and Autism.

I certainly saw no immediate role for Aluminum Adjuvants in Vaccines in Autism.

The missing link was a mechanism whereby the brain would be subjected to an acute exposure to Aluminum, for example, as occurs in Aluminum-induced dialysis encephalopathy.

Pro-inflammatory cells, some originating from blood and lymph, heavily loaded with a cargo of Aluminum in brain tissue in Autism provided that missing link.

We all tolerate the Toxicity of Aluminum Adjuvants in Vaccines.

Unfortunately, some of us are predisposed to suffer, as opposed to tolerate, **the Toxicity of Aluminum Adjuvants, and this may cause Autism."** - Professor Christopher Exley, PhD, fellow, Royal Society of Biology; professor of bioinorganic chemistry, Keele University, in "How to End the Autism Epidemic", 2018.

Autism After Adverse Vaccine Reactions

"Tens of thousands of parents have reported that their children regressed into Autism after Adverse Vaccine Reactions.

In 2014, I published a book with Dr Mark Hyman, and Dr Martha Herbert, "Thimerosal: Let the Science Speak", a complete review of the hundreds of peer-reviewed studies that examine the effects of Thimerosal in animals and humans.

Those studies link Thimerosal to a vast inventory of grim Neurological

Disorders now epidemic in children, including ADD, ADHD, Speech Delay, Tics, ASD, and Autism.

Other studies demonstrate Thimerosal's causation to Asthma and a **10 fold increase in Alzheimer's in adults exposed to Thimerosal-laced Flu shots.**

With the publication of Kevin Barry's **"Vaccine Whistleblower: Exposing Autism Research Fraud at the CDC", any claims of credibility for the CDC's science has collapsed.**

Barry built his book upon 4 legally taped conversations between CDC Senior Vaccine Safety Scientist Dr William Thompson, and Simpson College professor and epidemiologist, Dr Brian Hooker.

Thompson now confesses that he and his fellow CDC researchers found a strong Autism signal in children who received the MMR Vaccine before their third birthday.

Dr Thompson told Dr Hooker that **whenever the CDC finds an Adverse Effect from Vaccines, the Agency supervisors assemble CDC scientists in a room and order them to massage the data until they have devised a gimmick for eliminating the unwanted signal.**

> ***"I have a boss who is asking me to lie.***
> ***The higher-ups wanted to do certain things and I went along with it. Thimerosal from Vaccines causes Tics.***
> ***I can say Tics are 4 times more prevalent in kids with Autism.***
> ***There is biologic plausibility right now to say that Thimerosal causes Autism-like features.***
> ***I have great shame now, when I meet families with kids with Autism. Because I've... I've been part of the problem."*** *- Dr William Thompson, Ph.D., Epidemiologist, Senior Vaccine Safety Scientist , Centers for Disease Control and Prevention (CDC), since 1998.*

Dr Thompson is not an insignificant figure at the CDC.

He is the author and co-author of all 3 of the leading CDC studies that supposedly exonerate Vaccines as a causative agent of Autism:

1. "MMR Vaccine and Autism: an update of the scientific evidence", Dr William Thompson, DeStefano, Expert Rev Vaccines, February 2004.
2. "Early Thimerosal exposure and neuropsychological outcomes at 7 to 10 years", Dr William Thompson, New England Journal of Medicine, 27 September 2007.
3. "Prenatal and infant exposure to Thimerosal from Vaccines and immunoglobulins and risk of Autism", Dr William Thompson, Price, Pediatrics, October 2010.

The damage isn't isolated to mercury-triggered neurological injuries.

When Thompson discovered that the MMR Vaccine was causing dramatic rises in Autism in African American boys, his CDC bosses ordered him to keep his mouth shut.

The Pharmaceutical Industry spent $3.8 Billion in marketing on TV, Radio, Newspapers, in 2013, and $5.4 Billion in 2005." - in "Vaccine Whistleblower", 2015.

Autism "Genetic Condition" Farce

> *"**Autism Spectrum Disorder (ASD)** is a developmental disability caused by differences in the brain. Some people with ASD have a known difference, such as a **Genetic Condition.**" - in "Autism Spectrum Disorder (ASD)", **CDC**, 9 December 2022.*

"A growing amount of research indicates that abnormalities in the Gastrointestinal (GI) system during development might be a common factor in multiple neurological disorders and might be responsible for some of the shared comorbidities seen among these diseases.

For example, many patients with Autism Spectrum Disorder (ASD) have symptoms associated with GI disorders.

Finally, zinc supplementation might also be useful in young children with ASD.

Given that younger individuals with ASD have an especially high risk of zinc deficiency, zinc supplementation will help to overcome some impairments associated with acute zinc deficiency.

For example, diarrhea has been linked to zinc deficiency and zinc supplementation was reported to significantly reduce the symptom as well as increase immune function and ameliorate neurosensory deficits associated with zinc deficiency." - in "Zinc in Gut-Brain Interaction in Autism and Neurological Disorders", Neural Plasticity, 23 March 2015.

> ***"Autism is usually thought to be a lifelong condition, but a small number of children lose the core symptoms and shed the diagnosis.***
> ***A handful of studies in the past 3 years indicate that a minority of children, shed the core symptoms necessary for an Autism diagnosis, no longer met diagnostic criteria for Autism by age 19 and required no extra support."*** *- in "The children who leave Autism behind", Spectrum, 7 September 2015.*

"When a doctor told Susan Levin her 4 year old son, was Autistic, she was shocked.

It was October 2007, and Autism wasn't mentioned in the media nearly as much as it is today.

> *"I remember thinking, 'Oh my God. What are we going to do?' Everyone knew autism was a lifelong disorder and couldn't be cured."*

In his case, it could be, and it was.

One of the biggest factors was what was on his plate.

Hippocrates was right when he advised, "Let food be thy medicine and medicine be thy food."

Statistics point to a definite link between Gastrointestinal issues and Autism.

A 2012 study published by the "Journal of Abnormal Child Psychology", found a direct link between GI issues and behavior.

As many as 70% of children with Autism have Gastrointestinal issues at some point during childhood or adolescence — and diarrhea, food sensitivity and constipation can cause extreme discomfort, leading to irritability, and erratic or withdrawn behavior." - in "The miracle that cured my son's autism was in our kitchen", New York Post, 17 June 2015.

"Children with Autism Spectrum Disorders (ASD) experience high rates of anxiety, sensory processing problems, and Gastrointestinal (GI) problems.

Overall, our results indicate that anxiety, sensory over-responsivity, and GI problems are possibly interrelated phenomenon for children with ASD.

Given that in the majority of the models examined, anxiety and sensory over-responsivity provided significant unique contributions to the prediction of GI problems, it seems plausible that the phenomena are related, but distinct constructs.

While there is evidence from longitudinal studies that anxiety contributes to the development and chronicity of GI problems, it is also possible that GI problems contribute to increased anxiety and reactivity.

Given the complexity of the Brain-Gut connections, complex bidirectional relationships among these variables are also possible.

Common neural mechanisms may explain the associations between these 3 sets of symptoms, including involvement of the Hypothalamic-Pituitary-Adrenal (HPA) axis and amygdala based circuits.

The HPA axis regulates a variety of functions, including responses to stressful stimuli, mood, anxiety, GI, and immune function.

Dysregulation in this system has been observed in individuals with chronic GI problems and in those with anxiety disorders.

Similarly, the amygdala plays a critical role in the appraisal of emotional stimuli and facilitation of emotional responses through its connections with cortical and subcortical brain regions [subcortical brain structures comprise roughly 25% of human total brain volume and consist of a heterogeneous group of gray matter nuclei, including the thalamus, basal ganglia, hippocampus, amygdala, and nucleus accumbens], including the hypothalamus.

The amygdala is activated by aversive stimuli from a variety of sensory modalities, including visceral, visual, olfactory, and auditory.

Increased amygdala activation to particular stimuli has also been observed in individuals with Irritable Bowel Syndrome (IBS) and with anxiety disorders, and has particular relevance to ASD given evidence of amygdala abnormalities.

Recent work examining sensory over-responsivity and anxiety in children with Attention-deficit/hyperactivity disorder (ADHD) has also found evidence of HPA axis involvement.

Increased HPA activity has been observed in children with ADHD with high sensory-over responsivity, and the relations among sensory over-responsivity, anxiety, and physiological markers suggest common underlying mechanisms for a subset of children with ADHD.

Although specific to children with ADHD, these findings may also be relevant to children with ASD who have similar sets of co-occurring symptoms.

In addition emerging evidence of immune dysfunction in ASD may also be relevant to the current findings.

Given the complex interactions between the HPA axis and the immune system, it is not surprising that atypical

immune markers have been found in individuals with anxiety disorders.

Individuals with GI disorders have also been found to have atypical immune function, with evidence of an increase in pro-inflammatory cytokines and altered HPA axis function.

Alterations in these same immune markers have also been reported among individuals with ASD, suggesting another potential common mechanism for GI problems and anxiety in this population.

Moving from mechanism to symptom, **these common neurobiological processes may jointly contribute to increased symptoms across areas.**

The results indicate that anxiety, sensory over-responsivity and GI problems are possibly interrelated phenomenon for children with ASD, and may have common underlying mechanisms." - in "Anxiety, Sensory Over-Responsivity, and Gastrointestinal Problems in Children with Autism Spectrum Disorders", Journal of Abnormal Child Psychology, 1 August 2012.

"Many children with Autism Spectrum Disorder (ASD) have significant food selectivity, which may lead to Gastrointestinal (GI) problems such as constipation and abdominal pain.

Previous studies have found parents to be accurate reporters of GI symptoms in children with ASD (Gorrindo et al., 2012). This was the first study to examine the longitudinal course and predictors of abdominal pain in children with ASD.

The results revealed that over one quarter (25.8%) of the sample experienced chronic abdominal pain at baseline and 30.7% of the sample experienced chronic pain at 1-year follow-up, as compared to prevalence of 0.3 – 8% in most general population studies of children.

Among those who had initial abdominal pain, a large majority (86.7%) continued to experience chronic abdominal pain at 1-year follow-up.

More striking, 23.8% of those who did not have chronic abdominal pain at baseline were reported to develop chronic abdominal pain by 1-year follow-up.

This is consistent with a growing body of research showing that GI problems are very common for children with ASD.

The interrelationships between anxiety, Sensory Over-Responsivity (SOR), and abdominal pain suggest that they may share common underlying mechanisms.

Converging evidence from studies using different physiological and imaging modalities indicates that functional GI problems may be associated with Visceral Pain Hypersensitivity (VPH) in some individuals.

The precise pathophysiology of VPH remains unknown but can be triggered by dysfunction within peripheral and central nocioceptive pathways.

Individuals with functional GI problems show greater activation in the emotional arousal network, including the amygdala and hypothalamus, following visceral stimulation.

In addition, others have found evidence of autonomic dysfunction, increased stress response, and increased startle reflex among individuals with functional abdominal pain.

Chronic abdominal pain, SOR, and anxiety are markedly common problems for children with ASD, and each can have a substantial impact on day-to-day functioning." - in "One-year course and predictors of abdominal pain in children with autism spectrum disorders: The role of anxiety and sensory over-responsivity", Research in Autism Spectrum Disorders, November 2014.

> ***"By the time a child develops Autism he is almost certainly struggling with dysfunction in four of the body's major systems: Gastrointestinal, Neurological, Endocrine (hormonal), and Immune."*** *- Dr Raphael Kellman, MD, in "Autism: Helping Children Reach Their True Potential", 2015.*

Reversing Autism With Nutrition

"Understanding the biochemistry of Autism opens a unique treatment window for targeted nutrient therapy which can lead the child back into a normal life.

Of the more than 2,000 children with Autism, that I have worked with, all share several factors.

There is a deep disturbance in their fatty acid metabolism, electrolyte balance, production of red and white cells, and their trace mineral balance is sharply altered.

Children with Autism have severe neurological impairment from a biochemical origin.

Autism Appears

The first year of Alex's life in 1993 was fairly ordinary.

He was perfectly fine; there were no signs of any problems in his development.

When Alex was 1 year old, he was Vaccinated with the standard childhood shots, a combination of Measles, Mumps, and Rubella (MMR).

However, his reaction to the MMR shot was going into an anaphylactic shock, a life-threatening allergic reaction that involves circulation and breathing stress.

Hypersensitive to the derivatives that are used in the rubella shot.

He almost stopped breathing from the inflammation and swelling.

He survived-except he wasn't the same afterwards.

Before, he was a happy, laughing baby.

After the MMR Vaccination, Alex began to slip away into a world of his own.

His Body Chemistry

His system was unbalanced on many biochemical levels, and within 3 major categories.

1. First, he had a serious disturbance in his electrolyte status. Specifically, was deficient in sodium (too low) and bicarbonate (carbon dioxide: too low).

Levels of other electrolytes were too high, such as calcium and phosphorus.

Electrolytes control what is called membrane traffic- which is what goes in and out of the cells.

This means that there is no point in providing nutritional supplements unless the electrolyte imbalance is first corrected; otherwise, nothing will get into the cells and toxins cannot be released.

The delicate balance of electrolytes also controls the electrical activity within the brain.

For example, for the brain to remove ammonia from its tissues, preventing an otherwise dangerous buildup, the body requires a sufficient level of bicarbonate.

Too much ammonia in the blood can be toxic, producing symptoms, such as mental confusion, lethargy, seizures, vomiting, coma.

The spacey, dreamy, lack of clarity state observed in most autistic children, is directly linked with a low carbon dioxide levels and disturbed electrolyte status.

As bicarbonates were added at an appropriate time, he was more alert and totally lost the look of confusion.

2. The second major imbalance had to do with nitrogen.

Nitrogen is a key component of amino acids, which combine to form protein. Alex was deficient in 3 principle nitrogen categories ("markers").

Namely, creatinine, uric acid, and BUN (blood urea nitrogen). Bear in mind that he avoided protein foods, which means that the amount of nitrogen and amino acids in his blood were far below normal, as found by these 3 nitrogen markers being low in his blood.

Nitrogen, derived from protein, is a major building block of the body, assessing nitrogen retention tells you if the person is breaking down or building up cells; that is, how stable nitrogen is in the body.

If the individuals body is breaking down substances (catabolism) faster than it is building them (anabolism), the nitrogen content is unstable.

If the body is generally in a condition of staying stable than we know that it is appropriately handling nitrogen.

The blood test results clearly showed that his kidneys and liver were not functioning as well as they should.

After we stabilized his bicarbonate and electrolyte status, his gastrointestinal function normalized and he could handle protein foods.

Thus his kidney and liver function normalized as we stabilized his electrolytes.

3. The third area of Alex's imbalance was indicated by a sharply altered hematology.

This means, overall, that the status of his red and white blood cells deviated from the healthy norm (red/white cell levels were too low).

If a child has a low red blood cell count, his system may have trouble carrying oxygen to the tissues, including the brain.

His immune system was also not functioning at an optimal level.

The activity of one form of white blood cells called lymphocytes was depressed, while the level of monocytes (another immune white cell) was sharply elevated above the norm, indicating a response to chronic infection, GI distress and inflammation.

Finally, Alex had depressed levels of fats in the liquid part of his blood, both cholesterol and triglycerides were quite low.

Lipid levels are an important factor in determining health because the endocrine system and its hormones, the brain and its neurotransmitters, and all the immune system components are derived from lipids (fats).

The fact that his lipid levels were distorted highlights another advantage to knowing the precise blood levels of various nutrients.

First, several of his metabolic problems were due to fatty acid deficiencies.

The body requires specific fatty acids for the smooth running of the gastrointestinal system, the immune system, the formation of cell membranes, nerve sheaths, hormones, and proper functioning of the nervous system.

Many physicians are eager to suggest antioxidant supplementation as a general health measure to offset the cellular damage caused by free radicals. However, **children with Autism have difficulty making the correct lipid components from essential fatty acids and aggressively adding antioxidants worsens their condition.**

Children with Autism require nutrients that stimulate metabolism, rather than suppress it, as antioxidants do; this is why a high dose of Vitamin E (a commonly used antioxidant), often produces negative effects.

Nutrition Restores Alex to the World

With this information in hand, the next step was to develop a nutritional program to correct all biochemical imbalances.

I began by slowly introducing changes into the diet.

To help Alex digest and absorb his foods better, we started him on plant enzymes that helped him to digest protein, carbohydrate and fats.

His parents sprinkled the contents of one enzyme capsule on his food at each meal.

As a further digestive aid, we gave him small amounts of magnesium carbonate and sodium bicarbonate powder 1 hour after each meal. This would help to stabilize his electrolyte and relieve gastrointestinal distress. His parents also mixed the contents of an array of vitamins and minerals into his foods. **After a total of 3 months on the nutritional program, Alex had shifted from a complete absence of speech to being able to say 48 different words.**

In the spring of 1996, 8 months after beginning his targeted nutritional regime, it was clear that he had responded remarkably well to metabolic intervention.

His social interaction, eye contact, imaginative play, and speech all appeared to be well within normal range.

When his parents took Alex back to the pediatrician, who had originally diagnosed him as autistic, the doctor was speechless.

He said that in his 18 years of practice, he had never seen a child with autism change so drastically.

Today, nearing his 8th birthday Alex, is a delight to his parents, family and friends.

He is a little boy lost no longer, but instead has spread his wings and developed into a beautiful, highly intelligent, imaginative little boy." - Patricia Kane, Ph.D., Millville, New Jersey, USA, in **"Reversing Autism With Nutrition"**, Advancing Nutritional Diagnosis and Nutrient Therapy, Bodybio, 2000.

"Examination of over 700 red cell lipid analyses of children with Autism Spectrum Disorder (ASD) have revealed characteristic patterns as elevation of VLCFAs (erucic, lignoceric, lumequic, behenic, adrenic, pentacosanoic), depression of myelination markers as the DMA phospholipids, suppression of prostaglandin one synthesis (ASD patients respond to clonidine and pentoxifilline due to stimulus to PG1, elevation of the arachidonic acid cascade/prostaglandin two synthesis, and complex autoimmune derangement with elevation of EPA/DHA characteristic in disturbances involving the cytochrome P450 enzyme Nitric Oxide Synthase (NOS) and peroxisomal (detoxification/prostaglandin synthesis) dysfunction. NOS and Nitric oxide (NO) formation is augmented by supplementation of DHA (now commercially available derived from algae) and marine oils.

The autoimmune presentation of ASD may initially respond negatively to marine oils, DHA or flax oil due to both the competitive inhibition of omega 3s to omega 6s (prostaglandin one series appears to be suppressed in children with ASD) and the stimulation of NOS/NO towards the autoimmune process.

Nitric oxide as the smallest biologic product of the human cell is intimately involved in synaptic plasticity, immunity, neurotransmission, electrolytic stability, cerebral blood flow, blood pressure, neuromodulation, gastrointestinal and hepatic function.

Imbalance of lipid substrate or damage to prostaglandin synthesis pathways due to immune insult may create grossly complicated Immune-CNS interactions that are riveted in disturbances within cell membrane dysfunction.

Omega 6 essential fatty acids (in this case the precursor PG1 as evening prim rose oil) must be repleted and stabilized before omega 3 supplementation commences.

Consider carefully that the synthesis of prostaglandins is an oxidative process, therefore loading with antioxidants or the incorrect sequence of EFA repletion may impede progress in ASD presentation.

Complex nitrogen metabolism appears to flourish in children with seizures, developmental delay and ASD involving not only Nitric Oxide but nitrogen retention as a whole (described previously as purine Autism first identified by Mary Coleman).

Patients presenting with suppression of CO2 may shun nitrogen (protein) rich foods due to the formation of ammonia leading to a state of hyperammonemia.

Buffers and butyrates attenuate abnormal nitrogen metabolism however, children with ASD are unique in their presentations and as we examine nitrogen retention/NO, electrolyte stability, catalysts, lipid status to reach disturbances in metabolism requires that we act upon these aberrations in an integrative manner from a cellular perspective, not as singular interventions.

Previously, we were hindered by medical literature that failed to differentiate between trans and cis isomers, neglected the importance of essential fatty acids, and sorely misinformed practitioners as to appropriate protocols for lipid manipulation.

Intractable disorders such as adrenoleukodystrophy (ALD) have brought clarification to the labyrinth in the lipid pathways as separate fatty acids are studied and addressed

through lipid (drug) therapy and further attenuated through systemic interventions.

Medicine has been slow to acknowledge **the crucial lipid requirements (4 to 1 ratio of omega 6 to omega 3 or SR3 by Yehuda) to address neurological degeneration.**

The intricate circuitry of the prostaglandins, whose substrates are fatty acids, stabilize cell membrane integrity, and for the first time lipid treatment protocols may be established due to a clear view into the brain through red cell membrane dynamics thereby opening a gateway into resolving Autism and many of the neurodegenerative disorders of our time." - Patricia Kane, Ph.D., in "The Neurobiology of Lipids in Autistic Spectrum Disorder", Journal of Orthmolecular Medicine Vol. 14, No.2, 1999.

"Disturbances in fatty acid metabolism are now rapidly being linked to a myriad of mental and physical disorders.

Examination of red cell membrane fatty acid profiling is reflective of long-term insufficiencies and imbalances in fatty acid metabolism.

Plasma fatty acids reflect dietary intake of a few days duration rather than metabolic conversion observed in fatty acids incorporated into red cell membranes.

Exploration of fatty acid metabolism leads the clinician into a wide realm of metabolic strategies to influence the health of the patient.

Lipids evolve into hormones, the bilipid layer of every cell in the body, prostaglandins, cytokines, immune components, and myelin.

There is virtually no system of the body that does not require attenuation of specific fatty acid substrates and coenzymes to maintain health and repair of bodily tissues.

Examination of patients with affective disorders, depression, schizophrenia, anxiety, Autism, seizure disorders, aggression, attention deficit disorder as well as physically oriented acute and chronic illness reveal characteristic patterns that may be addressed with lipid manipulation with targeted fatty acids through competitive inhibition but of equal critical importance is the stabilization

of the electrolytes, nitrogen retention, dietary manipulation (removal of all trans fats and sharp increase in nutrient density) and coenzyme supplementation (K, Na, Cl, Ca, Mn, Zn, Cr, riboflavin, ascorbate, biotin, cobalamin, folate, alpha tocopherol, pyridoxine, thiamine, niacin, pantothenic acid).

Attention must be focused on the modulation of the disturbed metabolism. Brain function depends on the organic metal constituents of the central nervous system as well as lipids but the convergence of these systems occurs in the case of depression of cholesterol, for example, as manganese is required to stimulate the synthesis of cholesterol." - Patricia Kane, Ph.D., in "Clinical correlation of alteration of endogenous antioxidant-uric acid level in major depressive disorder", Explore!, Vol.8, No.1, 1997.

"Peroxisomes are pivotal in the biotransformation of endogenous compounds in lipid metabolism as fatty acids, steroids, prostaglandins, the formation of myelin impacting the immune, endocrine and central nervous systems in addition to the detoxification of exogenous compounds and xenobiotics. Our findings indicate that the electrolyte disturbances (primarily involving elevation of calcium with depression of carbon dioxide, elevation or suppression of sodium and potassium), altered hematology, compromised nitrogen status (low creatinine, elevated albumin) and elevation of red cell fatty acids Docosahexaenoic with very long chain fatty acids Docosapentaenoic, Nervonic, Erucic, Lumequic, Behenic, Pentacosanoic, Tricosanoic and Lignoceric **may serve as crucial markers in neurodegenerative conditions leading to clarification of the etiology of Autistic syndromes and complex seizure disorders by approaching metabolic derangement** through targeted lipids long chain fatty alcohols, pregnenolone (only after appropriate lipid therapies have been administered), **oral electrolytes, coenzymes, and dietary manipulation (elemental dietary measures)."** - Patricia Kane, Ph.D., in "Peroxisomal Disturbances in Autistic Spectrum Disorder", Journal of Orthmolecular Medicine, Vol. 12, No.4, 1997.

"Proper evaluation and attenuation of lipid metabolism in Autism Spectrum Disorder (ASD) brings a powerful therapeutic tool that integrates the complexities of multiple system involvement and the intimate link of the Central Nervous System to the immune, endocrine, hepatic, renal, gastrointestinal, pulmonary and cardiovascular systems as well as the exquisite capacity to impact the brain from a cellular perspective.

Of tremendous concern in children with ASD is the very passage of peptides through the blood brain barrier, electrolyte instability, immune dysregulation, GI disturbance involving lipid digestion/absorption and intestinal permeability as all are indicative of a loss of cell membrane integrity therefore phospholipids.

Bauman and Minshew have clearly identified aberrations in neurons and membrane phospholipids in ASD patients.

The very mechanism of metabolic entropy, immune dysregulation and loss of cell membrane integrity must be addressed to sustain the health of multiple body systems.

Characteristic findings in ASD as the accumulation of very long chain fatty acids (VLCFAs) and branched chain fatty acids, complex omega 3 and omega 6 imbalances, blocked prostaglandin one synthesis, demyelination, **poor cellular integrity, hepatic toxicity and aberrant lipid production appear to be characteristic in children and adults with ASD."** - Patricia Kane, Ph.D., in "Suppression of Peroxisomal Respiration in Children with Autistic Spectrum Disorder", Int. Conference on Brain Uptake and Utilization of Fatty Acids", Johns Hopkins, 2-3 March 2000.

> ***"Needless Vaccination: The burden from Toxic Vaccination, places an enormous stress upon the Nervous System of the new born, followed by the eventual damage to the brain of the child. Furthermore damaging both the microbiome and the Gastrointestinal barrier. All this creates an inflammation storm in the body system of the infant, from which the Autism Spectrum Disorder arises."*** *- Rui Alexandre Gabirro, Emunctologist*

"We should realize that Public Health is no longer a matter of Federal, State and Municipal appropriations of huge sums of money for therapeutic facilities available to everyone. Health can be purchased in a well organized Food Culture: it cannot be purchased as a commodity in Hospitals, Clinics or Custodial Institutions.
In the last analysis Physicians, Hospitals and other Medical service institutions are in the business of treating sickness. Until we overcome our distorted therapeutic habituations and cease to think of health in terms of remedial measures for sick people, our health programs shall be farcical." *- Dr N. Philip Norman, MD, in "The American Journal of Digestive Diseases", Vol.16, No. 2, 1949.*

Moderna Wins $20 Million From Bill Gates: January 2016

"Moderna last year completed the largest funding event among privately held early-stage drug and diagnostic developers last year, raising $450 Million in a private investment round." *- in "Moderna Wins Initial $20 M Grant from Gates Foundation", Genetic Engineering & Biotechnology News, 12 January 2016.*

Moderna Useless: January 2017

"The Crigler-Najjar treatment has been indefinitely delayed.

It never proved safe enough to test in humans, according to several former Moderna employees.

Unable to press forward with that technology, Moderna has had to focus instead on developing a handful of Vaccines, turning to a less lucrative field that might not justify the company's nearly $5 Billion valuation.

"It's all Vaccines right now, and Vaccines are a loss-leader. Moderna right now is a multibillion-dollar Vaccines Company, and I don't see how that holds up." *- former Moderna manager.*

Four Vaccines moving through clinical trials: 2 target strains of influenza, a third is for Zika virus, and the fourth remains a secret.

Bancel tout Moderna's cancer Vaccines." - in "Lavishly funded Moderna hits safety problems in bold bid to revolutionize medicine", StatNews, 10 January 2017.

Biopharmas Seeking Bankruptcy Protection in 2019

"While bankruptcy is a rare outcome for biopharmas, 2019 has bucked that trend with 11 companies declaring bankruptcy so far this year, compared to an average of 4 per year during the past decade, according to a review of data tracked by the firm BankruptcyData.

Drug companies, both young and old, derive value from ideas and hope more than tangible assets or resources.

Just in 2018, early-stage platform companies like Moderna Therapeutics and Rubius Therapeutics went public with multi-billion dollar valuations despite lacking profits and significant clinical data." - in "Bankrupt biopharmas are rare, 2019 has some worried that's changing", Biopharma Dive, **19 November 2019.**

31 Biopharmas at High Risk of Bankruptcy in 2020

"While rare in the drug industry, bankruptcy filings have ticked up in 2019, driven by growing legal, political and market pressures that could bring more companies to zero." - in "31 Biopharmas at high risk of bankruptcy in 2020", Biopharma Dive, **19 November 2019.**

Moderna Largest In History: December 2018

Moderna became a public company via the largest initial public offering of a biotechnology company in history, raising $621 Million by selling 27 Million shares at $23 per share.

Moderna Skyrocketed: May 2020

"The biotech Moderna has skyrocketed to global prominence, leading the world's race for a Coronavirus Vaccine.

The Cambridge, Massachusetts-based biotech was founded in 2010 with the ambitious goal to develop **a new type of medicine.**

A $450 Million funding round in 2015 was a record for the biotech industry. Moderna raised even more the next year.

And its 2018 initial public offering was the largest ever for a biotech.

While its **platform remains unproven, it is now being tested under the brightest possible spotlight of a pandemic.**

Here's the inside story of Moderna's rise, from an offshoot of stem cell research to routinely shattering funding records on its way to biotech's top ranks.

The biotech has spent a decade working to meet this moment, and investors have sent its stock soaring to a valuation of almost $30 Billion." - "Moderna: From startup to $25 billion biotech developing coronavirus vaccine", BusinessInsider, 23 May 2020.

$45 Billion Worth of Vaccines in 2021

"Without Ian MacLachlan's innovative delivery system, Moderna and Pfizer couldn't safely get their mRNA vaccines into your cells.

The Pfizer-BioNTech vaccine had been engineered with messenger RNA technology that instructs the body's immune system to combat the coronavirus.

But to get it safely into human cells, the mRNA needed to be wrapped in microscopic fragments of fat known as lipids.

MacLachlan says:

> *"These people worked like dogs and gave the best part of themselves to develop it."*

Moderna, BioNTech and Pfizer are on their way to selling $45 Billion worth of Vaccines in 2021." - in "Covid's Forgotten Hero: The Untold Story Of The Scientist Whose Breakthrough Made The Vaccines Possible", Forbes, 17 August 2021.

In the Realm of Fantasy

"Almost all medicines either block proteins - the building blocks of life - or, in the case of expensive biotech drugs, are proteins themselves.

Moderna has been promising to hack an entirely different part of life's cookbook.

In order to turn genetic information encoded in DNA into the cellular machines that actually are proteins, living things use a messenger chemical called mRNA." - in "Moderna's Mysterious Medicines", Forbes, 14 December 2016.

Fantasy

"The Pfizer-BioNTech vaccine had been **engineered with messenger RNA technology that instructs the body's immune system to combat the coronavirus."**

Nonsense

"But to get it safely into human cells, **the mRNA needed to be wrapped in microscopic fragments of fat known as lipids."**

Ian MacLachlan

"Independent Biotechnology Consultant Self-employed

2015 - 2023

Consulting on the Development of Molecular Therapeutics for Infectious, Metabolic and Oncology Indications. Expertise spanning discovery, pre-clinical and clinical research, government contracting, project management and emergency preparedness and response (Ebola & other filovirus family members). Experienced navigator of trade secret disputes. Decades delivering plasmid DNA, siRNA, shRNA and antisense oligonucleotides using lipid nanoparticles (LNP) and other nucleic acid delivery systems.

2014 – 2014

Tekmira Pharmaceuticals Corp.

Executive Vice President and Chief Technology Officer
Development of RNA Therapeutics, Management of Contracted Efforts and Medical Countermeasure Division including TKM-Ebola

2008 – 2014

Executive Vice President and Chief Scientific Officer
Development of siRNA Therapeutics for Cancer, Inflammatory, Metabolic and Infectious Disease.

2000 - 2008

Protiva Biotherapeutics Inc.

Chief Scientific Officer (Co-founder)
Development of Non-Viral Nucleic Acid (Plasmid & siRNA) Therapeutics for Cancer, Inflammatory, Metabolic and Infectious Disease.

1996 – 2000

Inex Pharmaceuticals

Research Scientist and Team Leader
Non-Viral Cancer Gene Therapy, Plasmid Vector Development, Tumor Modeling, Inducible Gene Expression." - Ian MacLachlan, Biotechnology Consultant,
Canada, in , LinkdIn, 26 May 2023.

Gates Foundation Time Line on Funding Moderna

2015

"Today's announcement, which will put $120 Million into the tiny company's bank account – enough to keep it running for a projected 3 years.

The lead investor is a newly created firm called bng0, a select group of family offices led by Boris Nikolic, who was previously a science advisor to Bill Gates.

Both Editas and **Gates' office confirm that the Microsoft billionaire, who is the world's richest man, is among the bng0 backers."** - in "Bill Gates And 13 Other Investors Pour $120 Million Into Revolutionary Gene-Editing Startup", Forbes, 10 August 2015.

2016

It is important to be aware that Moderna was going towards bankruptcy in 2016, and was "saved" by the Gates Foundation with a $20 Million Grant in 2016.

2017

"The Gates Foundation has pledged to give Moderna Therapeutics up to $100 Million to develop mRNA-based vaccines for infectious diseases." - in "Bill and Melinda Gates are placing bets on this biotech in the race to develop a Zika vaccine", CNBC, 19 May 2017.

Moderna & Gates Foundation to Development of HIV mRNA Antibody Vaccines

"Moderna Therapeutics, a pioneer in the development of messenger RNA (mRNA) Therapeutics™, today announced a partnership with the Bill & Melinda Gates Foundation to advance the development of a novel, affordable combination of mRNA-based antibody therapeutics to help prevent human immunodeficiency virus (HIV) infection.

The development efforts will be led by Valera, Moderna's infectious disease-focused venture.

The Gates Foundation has committed up to $20 million in grant funding to support Moderna's evaluation of the antibody combination in a preclinical setting as well as the conduct of a first-in-human Phase 1 clinical study.

Through an agreement between the two organizations, there may be potential for follow-on projects of up to $100 Million total (including the HIV antibody project) to support the development of additional mRNA-based projects for various infectious diseases." - in "Moderna", 12 January 2016.

Increasing Risk With Increasing Number Of Vaccine Doses

"Results: The Estimated Vaccine Effectiveness was 29%, 20%, and 4%, during the BA.4/5-, BQ-, and XBB-dominant phases, respectively.

The risk of Covid-19 also increased with time since the most recent prior Covid-19 episode, and with the number of Vaccine Doses Previously Received.

We still have a lot to learn about protection from Covid-19 Vaccination, and in addition to Vaccine effectiveness, it is important to examine whether **multiple Vaccine doses given over time may not be having the beneficial effect that is generally assumed.**

In conclusion, **this study found an overall modest protective effect of the Bivalent Vaccine against Covid-19** while the circulating strains were represented in the Vaccine and lower protection when the circulating strains were no longer represented.

A significant protective effect was not found when the XBB lineages were dominant.

The unexpected finding of Increasing Risk With Increasing Number of Prior Covid-19 Vaccine Doses." - in "Effectiveness of the Coronavirus Disease 2019 Bivalent Vaccine", Open Forum Infectious Diseases, June 2023.

> ***"Thousands are annually slaughtered in the quiet sick-room. Governments should at once either banish Medical men, and proscribe their blundering art, or they should adopt some better means to protect the lives of the people than at present prevail, when they look far less after the practice of this dangerous profession, and the murders committed in it, than after the lowest trades."*** *- Dr Frank, eminent European author and practitioner in "Vigilance is the Price of Liberty", Warragul Guardian and Buln Buln and Narracan Shire Advocate, 12 March 1889.*

> ***"There is scarcely a more dishonest trade imaginable than Medicine. The monarch, who would entirely interdict the practice of Medicine would deserve to be placed by the side of the most illustrious characters who have ever conferred benefits on mankind.*** *- Dr Forth, in "Vigilance is the Price of Liberty", Warragul Guardian and Buln Buln and Narracan Shire Advocate, 12 March 1889.*

"The portion of Serious Adverse Events that were not lethal (class F, G, and H) were roughly 10- to 20- fold larger than the portion of lethal PAEs.

This leads to a rough estimate of 2 to 4 Million serious, Preventable Adverse Events (PAEs) per year, that would be discoverable in Medical Records using the Global Trigger Tool approach.

Premature deaths as a result of Medical errors may occur many years after the hospital stay.

In a study that broke past the wall of silence about **discovery of Medical errors that were missing from Medical records, Weissman and colleagues found that 6 to 12 months after their discharge, patients could recall 3 times as many serious, preventable adverse events as were reflected in their Medical records.**

The predischarge serious PAEs included the following:

Adverse Drug Events, Nerve or Vessel Injury, Wrong Operation, Deep Venous Thrombosis, Hospital Acquired Infection, Postoperative Respiratory Distress.

The serious PAEs postdischarge included the following:

Wound Infection, **Deep Venous Thrombosis, Operative Wound Dehiscence, Operative Organ Injury.**

It is reasonable to suspect that clear evidence of such unreported Medical errors often did not find their way into the Medical records of the patients who were harmed." - Dr John T. James, PhD, Chief Toxicologist for the National Aeronautics & Space Administration, in "A New, Evidence-based Estimate of Patient Harms Associated with Hospital Care", Journal of Patient Safety, September 2013.

The Theft of the Public Purse, By the Instigation From the Pharmaceutical Industry Convincing Governments of the Need to Create Bureaucratic Bodies to be Influenced and Indirectly Controlled by the Pharmaceutical Industry.

> ***"The ones that you absolutely are not going to convince, you need to put some pressure on".*** *- Dr Anthony Fauci, MD, in Lasker Lessons in Leadership", International Biomedical Research Alliance, 12 March 2019.*

Biomedical Advanced Research and Development Authority (BARDA)

"Within the Administration for Strategic Preparedness and Response (ASPR), the Biomedical Advanced Research and Development Authority (BARDA) was established and mandated by Congress as the organization within the U.S. Government to catalyze innovation in advanced research and development (R&D), manufacturing, and procurement of Medical Countermeasures (MCMs).

These lifesaving MCMs are needed to protect people during public health emergencies caused by chemical, biological, radiological, and nuclear (CBRN) threats, pandemic influenza, and other emerging infectious diseases (e.g., COVID-19).

BARDA works closely with inter-agency partners through the Public Health Emergency Medical Countermeasures Enterprise (PHEMCE) to ensure a coordinated, whole-of-government approach to MCM preparedness and response.

The BARDA model has proven successful in leveraging public-private partnerships to accelerate development of MCMs that are vital to national health security.

BARDA works closely with its partners to develop innovative MCMs from early research through any U.S. Food and Drug Administration (FDA) or equivalent approval and clinical application.

Over the last 15 years, BARDA has supported over 70 MCMs that have been granted approvals, licensures, and clearances from the FDA.

The COVID-19 pandemic serves as a stark reminder of the need to protect individuals during public health emergencies. BARDA was critical in the development, manufacturing, and procurement of MCMs that saved countless lives during the pandemic.

BARDA leveraged existing Other Transaction Agreements (OTA) as a flexible mechanism to invest in a portfolio of products that evolved as needs changed. Additionally, throughout the COVID-19 response, BARDA partnered closely with the Department of Defense (DoD) to leverage their existing OT consortium to support critical contract awards and to enter into efficient and prudent partnerships that provided round-the-clock support to enable a timely response.

Objective of the RRPV Consortium

BARDA seeks to establish a partnership with a Consortium Management Firm (CMF) using BARDA's Other Transaction Authority (OTA) where the CMF will facilitate the establishment and administration of BARDA's new RRPV.

Following establishment of a consortium, the CMF will solicit proposals via Request for Project Proposals (RPPs) on BARDA's behalf from Consortium Members for individual requirements.

BARDA will evaluate RPP responses and authorize the CMF to issue Project Agreements with Consortium Members for research projects.

BARDA's RRPV will be a multiple-purpose acquisition vehicle designed to facilitate research and development of future MCM products, from early-stage development, through advanced development, procurement, sustainment, and commercialization, including manufacturing infrastructure development.

The RRPV complements BARDA's existing partnership vehicles (e.g., Broad Agency Announcement [BAA], EZ-BAA) by expanding the mechanisms through which BARDA will partner with product developers prior to and during a pandemic response.

This consortium is designed to advance health security, enhance preparedness, and enable a rapid response to the next pandemic or public health emergency, with the ability to leverage all types of OTs authorized for BARDA's use.

BARDA is seeking a CMF capable of assembling, overseeing, and coordinating a consortium of innovators and developers to accelerate MCM product and technology development, regulatory approval, procurement, commercialization, and sustainment to address the varying needs of BARDA to include but not limited to pandemic influenza, emerging infectious diseases, and other biological threats.

The new vehicle is designed and will be leveraged to support future BARDA acquisitions, as BARDA implements new programs in alignment with National (e.g., National Biodefense Strategy, American Pandemic Preparedness Plan [APPP]) and HHS strategies (e.g., ASPR Strategic Plan for 2022-2026).

USG Requirements Driving the Network Design

The American Pandemic Preparedness Plan and the National Biodefense Strategy established bold initiatives needed to transform U.S. capabilities to respond rapidly and effectively to any future pandemic or high consequence biological threat.

Consistent with those initiatives and to meet the aggressive USG timelines, BARDA requires a system capable of making awards within 60 calendar days during times of "steady state" (i.e., standard operations) and in as little as 5 calendar days [from requirement release to award] when required by programmatic needs.

BARDA's Roles and Responsibilities

BARDA will maintain sole responsibility for all Inherently Governmental Functions. Inherently Governmental Functions are activities that require either the exercise of discretion in applying Government authority, or the making of value judgments in making decisions for the Government, to include all Governmental monetary transactions.

Cost/Price Proposal

For estimation purposes, Respondents should assume that an average of 5 new awards would be executed annually for a period of 10 years, each including $25 Million of obligation each year, including anticipated structures to include fixed price, expenditure based, and milestone-based awards." - in "Biomedical Advanced Research and Development Authority (BARDA) Call for Submissions for the Rapid Response Partnership Vehicle (RRPV)", MedicalCountermeasures.gov, DHHS, USA, 7 July 2023.

BARDA Accelerator Network

"BARDA is actively seeking proposals for the BARDA Acceleration Network 2.0!

The Accelerator Network connects BARDA to thirteen accelerators across the U.S. in regions where there is heavy activity in developing Health Security Products and Technologies in Biotechnology, life science research, and medical innovations.

The network supports early-stage companies throughout their journey – from identifying a need to product launch – to help them overcome their biggest business, marketing, and operational hurdles, and achieve success sooner.

These partnerships provide BARDA with critical insights and direct connections to our nation's innovators, through which the development of groundbreaking technology to improve our nation's Health Security would not be possible.

If you are interested in working with us, please contact us below contact us." - in "DRIVe (Division of Research, Innovation, and Ventures) established by the Biomedical Advanced Research and Development Authority (BARDA), part of the Administration for Strategic Preparedness and Response (ASPR), within the United States Department of Health and Human Services (HHS)", 28 July 2023.

Gary L. Disbrow

"Gary L. Disbrow, PhD, Deputy Assistant Secretary, Director, Biomedical Advanced Research and Development Authority (BARDA), HHS Administration for Strategic Preparedness and Response (ASPR), in the U.S. Department of Health and Human Services.

BARDA invests in the innovation, advanced research and development, acquisition, and manufacturing of medical countermeasures – vaccines, drugs, therapeutics, diagnostic tools, and non-pharmaceutical products needed to combat health security threats.

BARDA has established hundreds of public-private sector partnerships and as of November 2020, BARDA now has a portfolio of 56 products that have earned FDA regulatory approvals, licensures or clearances.

In October 2013, Dr. Disbrow was named Acting Director of the Chemical, Biological, Radiological and Nuclear (CBRN) Division and was subsequently named the Director of the Division in December of 2014.

During that time, the CBRN Division built a robust pipeline of candidate products under advanced research and development.

In 2014 and 2015, Dr Disbrow was identified as the Ebola Incident Coordinator for BARDA and worked closely with the BARDA Director on funding needs, development of candidate products, and was the primary liaison for BARDA across the Public Health Emergency Medical Countermeasures Enterprise (PHEMCE).

These efforts led to the first licensed Ebola vaccine,

ERBEVO licensed in December 2019 and Ebanga licensed in December 2020.

Upon joining BARDA in January 2007, Dr. Disbrow began working on the smallpox Vaccine program.

Dr. Disbrow played a key role in awarding the first contract under Project BioShield using the authorities for advanced payment and milestone payments provided under the Pandemic and All-Hazards Preparedness Act (2006).

JYNNEOS was licensed in September 2019.

Prior to joining BARDA, Dr Disbrow was an Assistant Professor of Oncology and Pathology at Georgetown Medical Center where he worked on human papillomavirus (HPV) Vaccines and therapeutics.

Dr Disbrow has previously worked at W.R. Grace, Kodak, and Genecor." - in "Leadership Biographies", BARDA, 12 January 2023.

"BARDA was established in 2006 to support the development of Vaccines, therapeutics, diagnostics and innovative technologies that can be used when a public health emergency occurs.

The 2022 BARDA strategic plan builds on what we have learned and accomplished over the last 15 years.

This 5-year plan sets forth how we will continue to work with our private sector and government partners to further secure the nation against a wide range of threats to our national health security.

The BARDA model has proven successful in leveraging public private partnerships to accelerate development of medical countermeasures that are vital to national security.

BARDA helps its partners from advanced research and development to FDA licensure and clinical use.

During the next 5 years, BARDA has 4 strategic goals:

1. Rapidly developed safe, effective medical countermeasures accessible to all Americans;
2. Maintain a sustainable mission-ready response posture;
3. Leverage mechanisms to foster flexible partnerships;
4. Build and support a world class workforce.

Our mission ready posture to deliver life saving medical countermeasures quickly, in an emergency requires enhancing our workforce of highly skilled professionals who can support our unique public health mission.

Since its inception, BARDA has supported over 60 FDA approvals, licensures or clearances of products that increase domestic and global preparedness.

Among these are Vaccines, Diagnostic Tests and Therapeutics used to protect individuals during public health emergencies such as Zika, the Ebola outbreaks in West Africa and the COVID 19 pandemic.

We are excited to release our 5-year strategic plan and look forward to working together with our interagency and private sector partners, our stakeholders and our workforce continuing to fortify the nation's Health Security over the next 5 years and beyond." - Gary Disbrow, PhD, BARDA Director HHS Preparedness and Response, in "Members of BARDA – the Biomedical Advanced Research and Development Authority – share insights into various aspects of the 2022 BARDA Strategic Plan", BARDA, 1 June 2022.

BARDA Creation & Legislative History

"BARDA was created and authorized by Title IV Sec 401 of the Pandemic and All-Hazards Preparedness Act (PAHPA) of 2006.

PAHPA amended the Public Health Service Act by the addition of section 319L to that law.

PAHPA provided new authorities for a number of programs to counter CBRN as well as Epidemic, Pandemic and Emerging Disease Threats, established the position of Assistant Secretary for Preparedness and Response (ASPR) as well as BARDA reporting to the ASPR, and built on Project BioShield, previously created in 2004.

PAHPA reauthorized the Public Health Security and Bioterrorism Preparedness and Response Act of 2002, following the 2001 Anthrax Attacks ensuing the 11

September 2001 terrorist attacks on the United States.

BARDA was reauthorized by the Pandemic and All-Hazards Preparedness Reauthorization Act of 2013 (PAHPRA) and again in the Pandemic and All-Hazards Preparedness and Advancing Innovation Act of 2019 (PAHPAI)." - in "Wikipedia", 28 July 2023.

Anthrax Attacks 2001

"The 2001 anthrax attacks, occurred in the United States over the course of several weeks beginning on 18 September 2001.

Letters containing anthrax spores were mailed to several news media offices and to Senators Tom Daschle and Patrick Leahy, killing five people and infecting 17 others.

According to the FBI, the ensuing investigation became "one of the largest and most complex in the history of law enforcement."

Federal prosecutors declared Bruce Edwards Ivins (who worked for 18 years at the government's Biodefence labs at Fort Detrick, and was a top Biodefence researcher), the sole perpetrator on 6 August 2008, based on DNA evidence leading to an anthrax vial in his lab.

The Anthrax Attacks, spurred significant increases in U.S. government funding for Biological Warfare Research and Preparedness.

For example, biowarfare-related funding at the National Institute of Allergy and Infectious Diseases (NIAID) increased by $1.5 Billion in 2003.

In 2004, Congress passed the Project Bioshield Act, which provides $5.6 Billion over 10 years for the purchase of new Vaccines and drugs.

These included the monoclonal antibody raxibacumab, which treats anthrax as well as an Anthrax Vaccine Adsorbed, both of which are stockpiled by the US government.

Ciprofloxacin manufacturer Bayer agreed to provide the United States with 100,000 doses.

The Canadian Government had previously overridden the Bayer patent, and the US was threatening the same measure if Bayer did not agree to negotiate the price.

Shortly afterward, it was recommended that doxycycline was a more appropriate drug to treat anthrax exposure.

A widened use of the broad-spectrum antibiotic ciprofloxacin had also raised serious concerns amongst scientists about the creation and increased spread of drug-resistant bacteria strains. Numerous corporations offered to supply drugs for free, contingent on the Food and Drug Administration approving their products for anthrax treatment. They included Bristol Myers Squibb (gatifloxacin), Johnson and Johnson (levofloxacin) and GlaxoSmithKline (2 drugs). Eli Lilly and Pfizer also offered to provide drugs at cost." - in "Wikipedia", 28 July 2023.

"COVID-19 Accomplishments.

The COVID-19 pandemic represents one of the greatest threats to public health the world has faced in more than 100 years. Public-private partnerships to develop and produce MCMs have been critical in responding to the pandemic.

BARDA has and continues to play a critical role in the COVID-19 response. BARDA has coordinated activities closely within the Department of Health and Human Services (HHS) and Department of Defense (DoD) agencies to ensure a whole-of-government approach.

BARDA's Rapid Response to the COVID-19 Pandemic Laid Foundations for Successes." - in "BARDA Strategic Plan for 2022-2026", May 2022.

BARDA Has Agreed to Donate Up To $483 Million To Moderna

"The US Biomedical Advanced Research and Development Authority (BARDA) will Fund Moderna's COVID-19 Vaccine candidate mRNA-1273 through Phase II and III clinical trials to FDA licensure.

Biotech company, Moderna Inc., has announced that the US Biomedical Advanced Research and Development Authority (BARDA) has agreed to Donate up to $483 Million to the company to accelerate the development of its mRNA Vaccine candidate, mRNA-1273, against the SARS-CoV-2 coronavirus causing the COVID-19 pandemic." - in "BARDA to give Moderna up to $483 Million for COVID-19 Vaccine Development", European Pharmaceutical Review, 21 April 2020.

Chapter 11

The Pharma Coercion

"Pharma, every day of the year, for decades, has corrupted our system.

That's what it does!

It's its business model!

It does all sorts of things in this regard.

It incentivizes academics to say things they would not otherwise do.

It writes papers, and it seeks out authors after the fact to advance those papers into journals.

It corrupts our public health structures.

It does all of these things as a matter of course, because at the end of the day, **what Pharma is, is a business** that needs to have a medical need that can plausibly be associated with some compound over which it has intellectual property rights.

And so how can you increase your profit in such a world?

Well, **you might manufacture a disease!**

You might broaden the definition of a disease so more people appear to have it.

You might adjust the way trials reflect on the efficacy of the particular compound at your disposal.

You might sabotage a competing molecule over which you don't have intellectual property rights.

There are lots of ways to increase your profit.

But the point is, this was all well understood before COVID.

It wasn't widely understood at a high level of detail but people studied the question, and Pharma – this is how it behaved.

And so what I'm saying in terms of the least troubling interpretation is that **Pharma has a mechanism by which it profits.**

That mechanism is not public-spirited.

It may be in the interests of the shareholders, but it's not in the interests of patients.

And it operates all the time!

And when Covid hit, there was no mechanism to turn it off.

In other words, it viewed everything through the same lens that would normally have been used in the context of a more mundane disease and more normal pharmaceuticals.

And that could have produced the response we got.

In other words, **we saw very good drugs that weren't under patent demonised in order to remove the obvious competitor, in order to facilitate the acquisition of the emergency-use authorization.**

And then we saw the product that was the the first one in this new market sector pushed through all sorts of mechanisms, through Public Relation campaign, through mandates, all sorts of ways of getting people to accept them.

And we saw the demonization of anybody who looked at this and said it doesn't add up.

People need to consider the question of **what is a "Scientific Consensus"?**

What we got was a phoney one.

We got coercion that caused anybody who saw a different picture to be marginalised so that only one interpretation would remain.

That one interpretation happens to fit exactly what was best for Pharma, and especially certain companies.

We tend to talk about Pharma as if it's one thing, but it isn't.

It's multiple, competing corporations, and the response just so happens to have matched what was in the best interests of Pharma, and turns out to have been a disaster for people, turns out to have been a disaster for people in a way that many of us saw." - Dr Bret Weinstein, in "I will be vindicated over Covid", UnHerd, 6 June 2022.

"In constipation there is a lack of vitality and of the power to absorb or assimilate, therefore ***Drugs may accumulate, and themselves add to the disturbance of the system instead of relieving it."*** *- Dr C. Ellsworth Hewitt, MD, in "Constipation from a Surgical Point of View", The Times and Register, January 1891.*

Pharmaceutical Industry Spent USD$2.5 Billion Lobbying Politicians in Past Decade

"Hundreds of millions of dollars flow to lobbyists and politicians on Capitol Hill each year to shape laws and policies that keep Drug Company profits growing.
The pharmaceutical industry, which has about 2 lobbyists for every member of Congress, spent $152 Million on influencing legislation in 2016, according to the Center for Responsive Politics. While lobbying shapes medical policy across the board, it has had a profound impact on the opioid epidemic as deaths quadrupled between 1999 and 2015." *- in "How big pharma's money – and its politicians – feed the US opioid crisis", The Guardian, 19 October 2017.*

"The body doesn't need Toxic Substances to get better." *- Rui Alexandre Gabirro, Emunctologist*

Infractions of Civil Liberties

"The coming of compulsory health legislation in mid-nineteenth-century England was a **political innovation that extended the powers of the state effectively for the first time over areas of traditional civil liberties in the name of public health.** This development appears most strikingly in two fields of legislation.

One instituted **Compulsory Vaccination** against smallpox, the other **introduced a system of compulsory screening, isolation**, and treatment for venereal disease.

The Vaccination Acts and the Contagious Diseases Acts **suspended what we might call the natural liberty of the individual** to contract and spread infectious disease, in order to protect the health of the community as a whole.

Both sets of legislation were viewed as infractions of liberty by substantial bodies of Victorian opinion, which campaigned to repeal them." - in "Medical History", 1988

"As a practising surgeon in a district hospital I find myself becoming increasingly concerned about the professional standards. **I get the impression that their undergraduate training has concentrated on the "scientific" rather than the clinical and practical.**

Many do not appear to have learnt how to perform a proper clinical examination, and most have virtually no experience of practical procedures. Perhaps even more serious is their lack of "professionalism." Mainly to their attitude towards their job and patients.

Too often they seem to lack interest, inquisitiveness, and a sense of personal responsibility to patients under their care, even if their contact with the patient is of brief duration.

Many do not understand that every doctor has a legal responsibility to take "due care" within the limit of his knowledge and competence: **they do not appear to have been taught what constitutes "due care."** - in "Professional standards", British Medical Journal, 6 November 1976.

Psychotropic Drugs Neurotoxicity

"Psychotropic drugs which exert numerous and complex actions on nervous tissue can also have some serious and life-threatening effects.

These effects may involve the autonomic nervous system (ANS) and/or the central nervous system (CNS).

The adverse reactions which are observed are varied and can affect most target organs throughout the body.

The neuroleptics and the tricyclic antidepressants possess anticholinergic activity and induce peripheral atropine-like effects.

Dryness of the mouth and skin, urinary retention, tachycardia, vasodilation, mydriasis, decreased gastric motility, an increase in blood pressure, decreased salivary, bronchial, nasal, and sweat gland secretions are a few of the possible effects that occur.

Neuroleptics, including the Phenothiazines, the Butyrophenones, and the Thioxanthenes, are the groups of drugs which are implicated in the development of neurological syndromes.

According to Crane, the severe forms of acute parkinsonism are "probably the most characteristic neurological reactions to neuroleptics" (antipsychotic medications).

Drugs which deplete the catecholamine levels and drugs which block catecholamine receptors in the brain induce parkinsonism.

Crane and other clinicians have described Tardive Dyskinesia (TD)as a complex syndrome involving hyperkinetic involuntary movements, which occur after prolonged treatment with antipsychotic drugs .

The disease is characterized by symptoms of chorea, athetosis, dystonia, orofacial dyskinesia, tics, and/or abnormal posture, and usually occurs after long-term exposure to neuroleptics.

The symptoms emerge when the drug(s) are discontinued or decreased in dose.

The syndrome is called "Tardive Dyskinesia" (TD) meaning late dyskinesia.

TD is the most common neurological side effect of long term neuroleptic administration.

Approximately half of the chronic hospitalized mental patients over 55 years of age have movement and postural abnormalities.

The buccal-lingual-masticatory syndrome is a prominent feature.

The buccal-lingual-masticatory syndrome is a prominent feature of TD and is the most common of the movement disorders, and about 30% of the patients with TD are afflicted with abnormal movements of the mouth, tongue, and lip.

Early in the course of the syndrome the tongue movements are mild; later the movements are severe; the tongue may protrude and go side to side.

There may be bulging of the cheek and chewing.

Other facial movements such as blinking, arching of the brows, and grimacing may be involved.

In addition to the orofacial dyskinesia which is the most prominent feature in patients above 50, there may be movements of the extremities and trunk consisting of jerky, slow, and coordinated movements, severe writhing movements of the distal limbs, and rhythmical movements of the fingers and toes.

There are postural and gait disturbances including rocking and swaying.

Some of the patients also have parkinsonism simultaneously.

The onset of TD in insidious and the syndrome often appears after the drug dose is reduced or the drug is discontinued.

The catatonia, rocking, and swaying of mental patients may be symptoms of the disease or the result of long-term drug therapy.

If the condition emerges or is aggravated on neuroleptic drug withdrawal, the syndrome is identified as TD.

This neurological disease and certain spontaneous

extrapyramidal disorders have some similarities but are distinct clinical syndromes; Huntington's chorea, Gilles de la Tourette syndrome, and Wilson's disease are examples of such syndromes that should be differentiated from TD.

Even though numerous reports of psychotropic drug-induced tardive dyskinesia have appeared in the literature, neuroleptic drugs are still used excessively in psychiatric patients.

While it is imperative that physicians recognize the necessity of reducing the dose of neuroleptics in all patients, the trend is to increase the medication level.

The chronic parkinsonism which occurs on long-term administration of neuroleptics is irreversible.

The drug-induced encephalopathies (any disease of the brain that alters brain function or structure), although not as frequent as the tardive dyskinesias, are a serious complication of psychotropic drug therapy.

The use of psychotropic drugs can lead to serious disturbances of the autonomic and central nervous system.

The autonomic imbalance can affect all organ systems causing numerous adverse responses including cardiac irregularities, blood pressure changes, gastrointestinal effects, and dysphagia.

Neurological diseases, such as parkinsonism, may coexist, and the medication used to control the TD may cause other neurological disorders to emerge.

Furthermore, there is a risk of further damage to the central nervous system with the drug treatment." - in "Psychotropic Drugs-Neurotoxicity", Clinical Toxicology, 1980.

Leukemic Drugs Neurotoxicity

"Toxic symptoms consisting of headaches, vomiting, fever, and stiff neck occur following i.t. administration of cytosine arabinoside, especially when given at doses above 30 mg/m2.

This toxicity closely resembles the clinical symptoms seen following i.t. administration of methotrexate." - in "Neurotoxicity Due to CNS Therapy for Leukemia", Medical and Pediatric Oncology, 1977.

Aluminum and Alzheimer's Disease

"Aluminum has been implicated in many neurological diseases including Alzheimer's disease, amyotrophic lateral sclerosis with neurofibrillary degenerations, and in the brains of patients exhibiting dialysis encephalopathy syndrome.

Dr. Crapper McLachlan, University of Toronto, shared with me a paper that is in press in Neurotoxicology titled "Functional consequences of chromatin bound aluminum in cultured human cells" co-authored with Drs. DeBoni and Seger.

Their findings are impressive, well-done and demonstrate that human tissue culture cells can be used for the study of neurotoxicity.

Their results demonstrate that human dorsal root neurons are at least 10 times less sensitive to the effects of aluminum than are cerebral cortical neurons.

In cortical neurons exposed to aluminum it was observed that there was a decrease in survival and an accumulation of 100 nm filaments occurring between 14 and 21 days in vitro.

Further, aluminum induced sister chromatid exchanges in cultured human leucocytes.

In cultured human astrocytes, measurements of unscheduled DNA synthesis showed significant increases when exposed to aluminum.

These results indicate that aluminum in concentrations as low as 2.2 gg/ml is toxic to several human cell types and these authors suggest that this may contribute to the pathophysiology of neurological conditions in which there are elevated levels of aluminum." - A.M. Goldberg in "Mechanisms of neurotoxicity as studied in tissue culture systems", Toxicology, 1980.

Medical Trade Butchery

"In the Surgical Treatment of Ménière's disease the complete functional destruction of the end-organ involved is the goal.

It must be borne in mind that the same results will be accomplished if the central vestibular mechanism alone or the central and the peripheral portions of the vestibular mechanisms are both completely destroyed.

There are some failures with the methods of Mollison and Day.

The function of the labyrinth operated upon is not always completely destroyed.

With slight residual function, however, the ensuing attacks of vertigo will be mild.

These surgical procedures nearly always severely damage the cochlear function and for this reason cannot be performed bilaterally." - Dr Julius Winston MD, in "Clinical problems pertaining to Neurotoxicity of Streptomycin Group of Drugs", Archives of Otolaryngology, 1953.

World Health Organisation Clowns

"Eating too much salt makes it the top risk factor for diet and nutrition-related deaths.

More evidence is emerging documenting links between high sodium intake and increased risk of other health conditions such as gastric cancer, obesity, osteoporosis and kidney disease." - in "Massive efforts needed to reduce salt intake and protect lives", World Health Organisation, 9 March 2023.

> ***"I wonder, of course, about what will happen now that there is a Mass Vaccination Program in Africa.***
> ***My prediction is that we will see a Rise in Excess Deaths, Excess Mortality, and Has a Result of this Mass Vaccination Program.***
> ***I have to wonder, what they will blame it on, maybe will be salt intake!"*** *- Professor Heather Heying, Evolutionary Biologist, in "Bret and Heather 175th DarkHorse Podcast: Return to Nuremberg", 27 May 2023.*

Remember Medicines Can Kill

"Remember Medicines Can Kill.

Some health workers and many doctors give medicines when none is needed, often because they think patients expect medicine and will not be satisfied until they get some.

Tell your doctor or health worker you only want medicine if it is definitely needed.

This will save you money and be safer for your health.

Injections Of Any Medicine

The common belief that injections are usually better than medicine taken by mouth is not true.

Most medicine is more dangerous injected than when taken by mouth.

Injections given to a child who has a mild polio infection (with only signs of a cold) can lead to paralysis.

Some injected medicines can cause dangerous allergic reactions, poisoning, deafness, or other harmful effects.

Use of injections should be very limited.

Each year, millions of people - especially children— become ill, disabled, or die as a result of unnecessary injections.

Doctors and other health workers sometimes prescribe injections when they are not needed.

After all, they can charge more money for injections.

They forget the problems and dangers of giving injections.

When Not To Inject

Never give an injection for a sickness that is not serious.

Never give injections for a cold or the flu.

The risks of injecting any medicines are:

1. Infection caused by germs entering with the needle

2. Allergic or poisonous reactions caused by the medicine." - Professor David Werner, Boston University School of Public Health, Department of International Health, in "Where There is No Doctor: A Health Care Handbook", 2011.

Drugs Are Unnecessary & Harmful

"Part of the blame of over-medication rests, with the profession, in yielding to the tendency to self delusion, which seems almost inseparable from the practice; in our mode of inference, too often adopted, of counting only our favorable cases, and in falling into the not uncommon error known in scholastic phrase as "Post Hoc Ergo Propter Hoc":

The patient got well after taking my medicines, therefore he got well because of taking them.

The greater Portion of this blame, however, rests properly with the public, which insists on its right to be poisoned by somebody.

The whole dishonest and shameless business is built, as on a rock, upon the popular delusion that sick people must feed upon noxious substances, the more the better, the nastier the more effective.

The outside pressure upon the physician is very great, tending to force him to active treatment, whether in his judgment necessary or not.

Some error of diet, some improper habit of the patient, may only need correction, and the administration of drugs be unnecessary or hurtful." - Dr H. Brown, MD, "The Use and Abuse of Medicines", The American Practitioner and News, 21 May 1892.

Drug Induced Movement Disorders

"The terms "Drug" or "Medicine" are usually used interchangeably in the medical world.

Drugs are an important cause of adverse reactions, and movement disorders are commonly induced by medications.

Movement disorders due to dopamine-blocking drugs, mood-altering drugs, sympathomimetic drugs, and anticonvulsants and other drugs.

Drug-induced movement disorders may be acute (e.g., acute dystonic reaction) or chronic (e.g., tardive syndromes), and it is important to recognize the various movement disorders caused by drugs.

Drugs are Addictive, Harmful, or Dangerous and have limited medical use.

Drug-induced movement disorders are encountered by physicians in every discipline of medicine.

The introduction of neuroleptics in the 1950s provides an early example of drugs that were soon associated with abnormal movements, both acutely and in a delayed (tardive) fashion.

Subsequently, hyperkinetic movement disorders became a major clinical problem in advanced levodopa-treated Parkinson's disease patients.

The most common cause of clinically obvious Drug-Induced Parkinsonism is the use of high-potency, high-dose typical neuroleptics, which modulate the dopaminergic systems within the brain.

Subtle signs of asymmetric Parkinsonism, however, can also be seen frequently in patients taking seemingly "innocuous" drugs such as vestibular sedatives used commonly for symptoms such as "dizziness" and motion sickness.

A great many other drugs have also been reported to cause Parkinsonism.

As new drugs are developed the spectrum of drug-induced movement disorders will undoubtedly widen." - in "Drug-Induced Movement Disorders", 2004.

Drug Induced Injury to the Digestive System

"Since drugs are often introduced into the body by the oral route it is no wonder that the digestive system is by far the most frequent target of untoward drug-induced effects.

Drugs causing chronic gastrointestinal blood loss, for example, nonsteroidal anti-inflammatory drugs (NSAIDs), may ultimately cause iron deficiency and hence glossitis.

Intestinal Damage by Anti-inflammatory Agents

Non steroidal anti-inflammatory drugs (NSAIDs) are one of the most successful classes of therapeutic agents ever marketed. Hence their adverse effects on the gastrointestinal (GI) tract have become the commonest and most important cause of medically induced iatrogenic GI disease.

Disturbance of the Intestinal Ecosystem

The use of antidiarrhea drugs for symptomatic relief must be avoided because they favor persistence of toxin in the intestinal lumen.

The need to use antibiotics to treat infections can be detrimental to the useful saprophitic intestinal microflora. The resulting clinical situation can be a simple, generally self-limiting diarrhea, but a pseudomembranous colitis, induced by toxins from C. difficile, can also arise.

Drug Induced Injuries of the Liver and Biliary Tract

Hepatic and biliary drug reactions have been increasingly recognized as major causes of liver and biliary tract diseases over the last 20 years.

The hepatotoxicity of some drugs, such as amiodarone or amodiaquin used for more than 25 years, was only recognized a few years ago.

Second, the number of drugs that are potentially toxic has increased to about 600 for the liver and more than 50 for the biliary tract.

Drug reactions may reproduce almost all acute and chronic diseases of the liver and biliary tract.

Drug Induced Pancreatitis

Since 1959, when the first report on drug-induced pancreatitis was published by Johnston and Cornish, at least 50 different drugs have been implicated as possible but rare causes of pancreatitis.

A convincing causal relationship has been established for only a small number of these drugs while the pathogenesis of this type of pancreatitis remains almost completely elusive." - in "Drug-Induced Injury to the Digestive System", 1993.

Drug Induced Lung Injury

"Lung injury is an increasing cause of morbidity and mortality in patients treated with cytotoxic and noncytotoxic drugs.

The clinical and functional manifestations of lung injury caused by these drugs tends to be similar: fever, malaise, nonproductive cough, and dyspnea are common, and pulmonary function tests typically show a restrictive ventilatory defect, hypoxemia, and a reduced carbon monoxide diffusion capacity.

The most common histopathologic patterns of injury, including pulmonary edema and diffuse alveolar damage, nonspecific interstitial pneumonia, bronchiolitis obliterans organizing pneumonia, eosinophilic pneumonia, and pulmonary hemorrhage, are discussed later because their corresponding radiologic manifestations often enable the diagnosis of drug-induced lung injury to be suggested.

Pulmona Edema and Diffuse Alveolar Damage

Noncardiogenic pulmonary edema and diffuse alveolar damage encompass the spectrum of anatomic and functional changes that occur as a result of drug-induced injury to the pulmonary endothelium.

Acute onset of noncardiogenic pulmonary edema has historically been a complication associated with opiates (codeine, heroin, methadone, and naloxone) but has also been reported with acetylsalicylic acid, nonsteroidal anti-inflammatory drugs, hydrochlothiazide, and tricyclic antidepressants." - in "Drug-induced lung injury", Seminars in Roentgenology, January 2002.

Drug Induced Liver Disease

"With the ever-increasing exposure to pharmaceuticals, more and more examples of drug induced liver disease have been identified in recent years.

Drug-induced liver disease represents an important problem for the following major reasons:

1. Approximately 1,000 drugs have been implicated in causing liver disease.

2. In the United States drug-induced liver disease is the most common cause of acute liver failure, accounting for one-third to one-half of cases; although acetaminophen accounts for the bulk of these, other drugs are still a more frequent cause of acute liver failure than and other causes.

A wide range of liver diseases can occur as adverse events but the individual drug tends to induce a characteristic signature reaction with respect to latency and clinico pathological manifestations." - in "Drug-Induced Liver Disease", 2002.

Drug Induced Liver Injury

"The FDA has not approved any Drug since the late 1990s that has been withdrawn specifically for Hepatotoxicity.

Drug-induced liver toxicity remains a leading cause of acute liver failure and a major contributor to black box warnings and market withdrawal.

All chapters are written by internationally recognized experts from Big Pharma, Regulatory Agencies, Universities, or Clinical Centers.

Drug-Induced Liver Injury, manifests such as Acute Hepatocellular liver injury presenting as:

1. Acute Hepatitis,
2. Cholestatic Jaundice,
3. Nodular regenerative hyperplasia,

4. Sinusoidal obstruction syndrome,
5. Steatohepatitis,
6. Subclinical injury.

Drug-Induced Liver Injury remains an important clinical problem.

According to Liver Tox analysis which excluded drugs marketed in the past 5 years, of 673 marketed drugs evaluated, 53% had published convincing cases of Drug-Induced Liver Injury." - in "Drug-Induced Liver Toxicity", 2018.

There Is No Maternally Administered Drug That Has Been Proven Safe to the Fetus

"Any drug she receives during pregnancy, labor and birth, and lactation, no matter how or when the drug is taken or administered, may adversely affect her baby, directly or indirectly, and that there is no drug or chemical which has been proven safe for the unborn child." *- in " The Encyclopedia of childbearing", 1994.*

Direct Toxicity of Medications

"Medications are part of our patient's daily lives:

Antibiotics,
Analgesics,
Antiarrhythmics,
Antidepressants,
Anticoagulants,
Hypoglycemics,
Immunosuppressors,
Immunomodulators,
And others.

In addition to their expected and necessary therapeutic effects, drugs can induce complications or side effects, many of which can be involved in oral complications with variable localization, severity, and frequency, such as:

1. Ulcerations,
2. Lichenoid reactions,
3. Pigmentation,
4. Bullous reactions.

Some drugs present a direct Toxicity, particularly on Bone Tissue, such as:

Bisphosphonates or Denosumab that prevent bone mass loss (osteoporosis and bone metastasis).

Others (such as antithrombotic therapies) can Increase Hemorrhagic Risks and cause Spontaneous Bleeding or surgical complications or can enhance infectious risks such as chemotherapy and biotherapy.

All of them have an impact on the patient's well-being and quality of life ranging from a slight discomfort to a life-threatening emergency and unfortunately are often under and misdiagnosed.

From these data, it can be estimated that 10–30,000 Deaths are, each year in France, related to an Adverse Drug Reactions (ADR).

Finally, ADRs are the fourth leading cause of Death in industrialized countries.

Clinical trials, because they correspond to the first use of the drug in humans, are one of the sources of information on ADRs.

However, they are better suited to the study of benefit than risk of drugs.

Drug Induced Facial Diseases

When considering drug-induced oral complications, it is difficult not to take into consideration the perioral and the facial medication-related manifestations.

This main facial dermatosis which can be related to various drugs based on a list of drugs reported in the literature:

1. Acneiform eruption.
2. Rosacea — perioral dermatitis.
3. Seborrheic dermatitis.
4. Psoriasis.
5. Photosensitivity.
6. Subacute cutaneous lupus, lupus erythematosus tumidus, cutaneous chronic lupus erythematous.
7. Hypertrichosis — trichomegaly.
8. Cheilitis.
9. Angioedema.
10. Acute localized exanthematous pustulosis.

Psoriasis is a common chronic inflammatory skin disease affecting 1–3% of population. In some people, Psoriasis is Drug-Induced or Drug-Aggravated." - in "Drug-Induced Oral Complications", 2021.

Drug Induced Neurological Disorders

"Under the Central Nervous System, Almost All Drugs are reported to cause:

1. Nausea,
2. Drowsiness,
3. Dizziness,
4. Tremor.

The patient is exhibiting an unusual neurological syndrome, and the suspicion arises whether this could be due to an Adverse Drug Reaction.

It must be remembered that Polypharmacy is the order of the day, particularly in the elderly, where, if there are not 5 different diseases each receiving 3 different medications, the individual is quite unusual!

Many new therapies based on cell and gene therapies.

Monoclonal antibodies are now used for the treatment of many diseases, particularly cancer, and side effects of these are mentioned along with other drugs.

Some new areas are added such as the effects of Drugs on the developing nervous system due to exposure of the fetus to Drugs taken by the mother during pregnancy.

The Drugs which include Immunosuppressants, and Antibiotics which are liable to induce Neurological Disorders.

Drug-induced neurological disorders may be more frequent that they have hitherto considered to be.

They can mimic naturally occurring neurological disorders or induce drug-specific syndromes.

The blood-brain barrier (BBB) is a dynamic conduit for transport between blood and brain of those nutrients, peptides, proteins, or immune cells that have access to certain transport systems localized within the BBB membranes.

It has been designed to protect the brain from harmful

agents, but it is damaged in several neurologic diseases exposing the brain to neurotoxic agents.

Anatomy and physiology of the BBB are one of basics for understanding drug-induced neurologic disorders (DIND).

Drug Withdrawal

Discontinuation of several drugs after prolonged therapeutic use may produce a withdrawal reaction with neuropsychiatric symptoms.

This is to be distinguished from withdrawal syndromes seen in drug dependence.

Manifestations of withdrawal of several drugs will be mentioned in various chapters of this book.

Withdrawal phenomena are particularly associated with antidepressants and antipsychotics." - in "Drug-induced Neurological Disorders", 2021.

2.2 Million Adverse Drug Responses Every Year In The U.S.A

"According to the U.S. Food and Drug Administration (FDA), there are some 2.2 Million Adverse Drug Responses (ADRs) in hospitalized patients in the United States every year.

Incidence in outpatient populations is unknown, but ADRs account for approximately 100,000 Deaths Annually, making ADRs the 4th leading cause of Death, ahead of pulmonary disease, diabetes, AIDS, pneumonia, and accidents, including automobile deaths.

These numbers suggest that **not all sources of iatrogenic drug toxicity have been identified.**

The pharmacopeia of well-known mitochondrial inhibitors, many of which are potent poisons, underscores the importance of mitochondrial integrity.

In this light, **it should not be surprising that pharmaceuticals could be capable of inducing mitochondrial dysfunction that leads to cytotoxicity and organ pathology.**

However, appreciation of drug-induced mitochondrial dysfunction has only recently gained momentum, fostered in large measure by the organ toxicities and metabolic syndromes associated with long-term antiretroviral therapies for HIV infection.

In this light, it is telling that pharmaceuticals are typically evaluated for potential organ toxicity in drug-naive, young, and perfectly healthy animals, precisely the circumstances where mitochondrial impairment is least likely to be detected.

A retrospective analysis of more than 500 Pharmaceutically relevant molecules indicates that about 35% directly and acutely impair mitochondrial function via inhibition of respiration and/or uncoupling electron transport from phosphorylation.

This is in addition to those Drugs that impair mtDNA replication or protein expression that yield long-term mitochondrial dysfunction and depletion." - in "Drug-Induced Mitochondrial Dysfunction", 2008.

Epidemiology of Drug Induced Diseases

"Nearly half of Americans report having used a prescription medication in the last 30 days, and nearly a quarter used 3 or more.

As a consequence, drug-related morbidity and mortality is rampant.

Nearly 20 years ago, Ernst and Grizzle estimated that drug-related problems cost Americans more than $177 Billion and were responsible for more than 200,000 deaths annually.

Currently, there are thousands of drugs and drug products approved by the U.S. Food and Drug Administration (FDA) available on the American market.

In the seminal report Preventing Medication Errors in 2006 the Institute of Medicine acknowledged the seriousness of adverse drug events in hospitals by noting that:

> ***"[medication] errors are common during all steps of the medication-use process*** *— [from] procuring the drug, prescribing, dispensing, administering, and monitoring the patient's response."*

Medication errors are one cause of drug induced diseases.

In 2000, the Institute of Medicine reported the extent and impact of errors in healthcare in its publication **"To Err Is Human".**

This report noted that medication errors were "one of the most common types of error" and that **substantial numbers of people were affected.**

In a 1993 review, the incidence of drug-related hospital admissions was reported to range from 0.2% to **21.7%**, with a median rate of drug-related hospitalizations of 4.9%.

The true extent of drug-related hospital admissions remains a mystery, because it is not possible to make a collective determination of the overall prevalence based on a collection of disparate studies.

As an example, in a study published in 2011, researchers in the Netherlands identified the most common reasons for a potentially preventable **drug-induced hospital admission as gastrointestinal problems (15%), cardiovascular symptoms (11%), respiratory symptoms (8%), and issues with glycemic control (6%).**

Cardiovascular drugs are often implicated in drug-induced hospital admissions.

Based on this cost-of-illness model, total estimated morbidity and mortality costs for drug-related diseases were $76.6 Billion in 1995.

A follow-up study in 2001, using the same cost-of-illness model, reported annual drug-related morbidity and mortality costs (in year 2000 dollars) of $177.4 Billion.

When these figures are analyzed by cost center, hospitalization was **the single highest cost driver for drug-related morbidity and mortality, with 1995 expenditures of $47.4 Billion and 2000 expenditures of $121.5 Billion.**

All drugs have the potential to precipitate an adverse event, which, in its most serious form, can lead to a drug-induced disease." - in "Drug-induced Diseases", 2018.

> ***"William R. Hutton, National Council of Senior Citizens, executive director, in a letter to the Department of Health and Human Services, which oversees the FDA, has not acted to protect the public in light of the reported the public in light of the reported deaths and the more than 2,600 near-fatal adverse reactions to the Pfizer Drug Feldene."*** *- in "The Machinist", 1985.*

> ***"Because 55 % of U.S. Feldene users are in this age group, we estimate that at least 1.75 Million elderly American people now receiving this Drug [Feldene Pfizer's most lucrative product], are at risk of developing Life-Threatening Gastrointestinal Reactions."*** *- Dr Sidney Wolfe, Director of Public Citizen Health Research Group, in "50+: The Graedons' People's Pharmacy for Older Adults", 1988.*

Stay Away From The Medical Industrial Complex

"The utter shambles that our Healthcare System is, in lots of different countries, not simply the United States, and the United Kingdom Healthcare systems are falling apart, absolutely everywhere with similar complaints and issues.

I do everything possible to avoid Medical Care interactions.

That may seem strange, for a doctor to say, but honestly, I do everything possible to avoid Medical Care interactions.

I do not trust the system.

I do not want to be plugged into the system, and I think large segments of the (Medical Trade) system, are a complete and utter Scam, to Make Money.

So, I do my best to stay well away from any Medical Care interaction whatsoever.

As a human being, I genuinely don't want any interaction with our Medical Care System, we (Medical Trade) absolutely suck at chronic diseases, at prevention, etc.

Taking care of patients as a whole, we (Medical Trade) don't do that.

One thing we (Medical Trade) are good at however is fixing acute emergencies quickly, and I'm proud to be a part of that in my Hospital work.

Of course, if anyone has an emergency, they need help, if they have a broken bone, if they have an accident, if they have overwhelming sepsis infection, heart failure, Strokes, etcetera of course you need to seek medical attention.

But everything else in terms of chronic ongoing outpatient management, is really something that we have to ask a lot of questions about.

Because we (Medical Trade) do an absolutely terrible job.

A lot of my best friends are primary care doctors GPS, internists, family practice doctors, they're good people.

But, **they know themselves, that they work in an absolutely terrible system.**

They are stuck in a horrible system, and that is what happens when an entire profession, the Medical Profession sells itself out to Big Business and big government.

So, in many ways the Medical Profession is getting exactly what it deserves.

And I feel especially sorry in the United States, when I see these new graduates hundreds of thousands of dollars in debt, they are **crushed in debt, they're basically in a state of servitude.**

They're not going to stand up to the system, or ask questions of authorities.

They will simply put their heads down, because they are crushed in debt, and need to do their job.

Cookbook Medicine, Protocol Following:

Have you done this?
Have you done that?
Have you had this test?
Have you had this injection?
Tick, okay, cross, cross etc.

There's some **Doctors who are simply just "Drug Pushers", and their Clinics are "Pill Mills".**

What can I prescribe you next?
What prescription do you need?

Without ever talking about root causes!

Let's have a holistic discussion about your health, not simply going through mindless tick boxes, a lot of this, as well, is the fault of medical education teaching doctors to become **mindless robotic protocol followers.**

There's never any critical thinking, so that is why I do everything possible to stay away from these nonsense routine medical interactions, I have no interest whatsoever.

That is what happens, when an entire profession sells itself out to Corporate interests, and Big Government.

So, the Medical Profession is getting what it deserves.

As far as I'm concerned my main goal, is to do everything possible to: Stay Away From The Medical Industrial Complex." - Dr Suneel Dhand, MD, in "Why I Stay Away from Doctors", 30 June 2023.

"All medicines which enter the circulation, poison the blood in the same manner do the poisons that produce disease. Drugs do not care disease; disease is always cured by the vis-medicatrix naturae. Prussic acid was once extensively used in the treatment of consumption, both in Europe and America; but its reputation is now lost. Thousands of patients were treated with it, but not a case was benefited. On the contrary, hundreds were hurried to the grave." *- Professor Jos. M. Smith, MD, in "Vigilance is the Price of Liberty", Warragul Guardian and Buln Buln and Narracan Shire Advocate, 12 March 1889.*

"Firstly - That in a large proportion of the cases treated by allopathic physicians the disease is cured by nature, and not by them. Secondly - That in a lesser, but still not a small proportion, the disease is cured by nature in spite of them; in other words, their interference opposing instead of assisting the cure. And thirdly - That, consequently, in a considerable proportion of diseases, it would fare as well or better with patients, if all remedies, especially drugs, were abandoned." *- Sir John Forbes, late Court Physician to the Queen, editor of the British and Foreign Medical Review, in "Vigilance is the Price of Liberty", Warragul Guardian and Buln Buln and Narracan Shire Advocate, 12 March 1889.*

"Many of the chronic diseases of adults are caused by the maltreatment of infantile diseases. Blisters nearly always produce death when applied to children. I give mercury to children when I wish to depress the powers of life. The application of opium to the true skin of an infant is very likely to produce death. A single drop of laudanum will often destroy the life of an infant. *Four grains of calomel will often kill an adult. A mild mercurial course, and mildly cutting a man's throat, are synonymous terms." - Professor C. A. Gilman, MD, in "Water-cure Journal", 1860.*

"It is easy to destroy the life of an infant. This you will find when you enter practice. You will find that a slight scratch of the pen, which dictates a little too much of a remedy, will snuff out the infant's life: and when you next visit your patient, you will find that the child which you left cheerful a few hours previously, is stiff and cold. Beware, then." *- Professor J. W. Carson, MD, in "The Health Reformer", 1869.*

"The gloom of the sick room, and what from the obscurity that enveloped the science, no question was ever asked by the public at large about medical matters. The possession of a diploma or degree from a school or or university of reputation was the only requisite for practice. The practice itself, no matter how destructive, signified little so long as it was the "established practice." *- Dr Samuel Dickson, MD, in The "Destructive Art of Healing", 1855.*

Sugar Substitutes: Americans Opt For Sweetness And Lite

"Sugar in the morning, sugar in the evening, sugar at suppertime"

"The lyrics of that old song go a long way toward describing the cravings of many Americans.

A bowl of sugary breakfast cereal may be followed by a mid-morning donut, a lunch time soda, ice cream at supper, and, in between, snacks of pudding, pie or pastry.

Not to mention all the goodies that are part of Valentine's Day, Halloween, and the year-end holiday season. It all adds up to one massive national sweet tooth.

So much so that the average American eats the equivalent of 20 teaspoons of sugar a day, according to figures from the most recent federal Continuing Survey of Food Intakes by Individuals (1994-1996).

Nearly 60% of this intake, says the trade group The Sugar Association, is from corn sweeteners, used heavily in sodas and other sweetened drinks.

Another 40% is from sucrose (table sugar), and a small amount comes from other sweeteners, such as honey and molasses. There's nothing unusual about craving sweets, experts say. Humans naturally have an appetite for sugary things. But in excess, sugary foods can take a toll.

The Aspartame Controversy

While questions about saccharin may persist, the safety of another artificial sweetener, aspartame, is clear cut, say FDA officials.

FDA calls aspartame, sold under trade names such as NutraSweet and Equal, one of the most thoroughly tested and studied food additives the agency has ever approved.

The agency says the more than 100 toxicological and clinical studies it has reviewed confirm that aspartame is safe for the general population." - John Henkel, FDA Staff Writer, in "FDA Consumer Magazine, November-December 1999.

"In 1977 Donald Rumsfeld, now George Bush's defence secretary but then chief executive of the Pharmaceutical Company GD Searle, publicly stated that he would "call in his markers" to win a licence for aspartame.
On the day of his inauguration as president in 1981, with Mr Rumsfeld on his transition team, Ronald Reagan personally wrote an executive order suspending the head of the US Food and Drug Administration's powers on aspartame, Mr Williams further claimed. One month later Mr Reagan appointed a new head of the regulatory authority, Arthur Hayes, who granted a licence for the sweetener.
Mr Williams outlined to MPs the evidence that the breakdown products of aspartame include suspected carcinogens and toxic molecules that damage nerve cells.
Study, conducted by the Italian-based European Ramazzini Foundation, demonstrated that aspartame caused a significant increase in lymphomas and leukaemias, malignant tumours of the kidneys in female rats and malignant tumours of peripheral and cranial nerves in male rats." *- in "Safety of artificial sweetener called into question by Member Parliament", The Guardian, 15 December 2005.*

"In 1995, the U.S. Food & Drug Administration (FDA) documented 92 aspartame-related symptoms, including: migraines, memory loss, seizures, obesity, infertility, dizziness, fatigue, neurological problems and a host of others. Aspartame is not food. It's defined as a synthetic compound of two amino acids (l-aspartyl-l-phenylalanine o-methyl ester).

The compound was discovered accidentally in 1965, by James M. Schlatter, a chemist at G.D. Searle Company.

In 1981, Rumsfeld, who had previously served as CEO of Searle, hand-picked Reagan's new FDA commissioner, Arthur Hayes Hull, Jr. It was Hull who ultimately gave aspartame the green light.

On 21 January 1981, the day after Ronald Reagan's inauguration, Searle re-applied to the FDA for approval to use aspartame as a sweetener in beverages." - in "Coca-Cola's new ad campaign is hazardous to your health", Salon, 31 August 2013.

Carcinogenic Sweetener Aspartame

"The sweetener is set to be listed as "possibly carcinogenic to humans."
It follows a major safety review into the artificial sugar replacement involving 1,300 studies.
Sachets of paracetamol such as Lemsip Max Cold & Flu Lemon and Max strength cold & flu relief lemon flavour, both contain Aspartame.
Yogurts marketed as being a healthier, low-calorie and low-fat option also contain the "potentially carcinogenic" sweetener." *- in "The products you didn't know contained aspartame, from mouthwash to cough medicine", The Mail Online, 30 June 2023.*

"Dr John Olney, who founded the field of neuroscience called excitotoxicity, attempted to stop the approval of aspartame with Attorney James Turner back in 1996.

The FDA's own toxicologist, Dr Adrian Gross told Congress that without a shadow of a doubt, aspartame can cause brain tumors and brain cancer and that it violated the Delaney Amendment, which forbids putting anything in food that is known to cause cancer.

According to the top doctors and researchers on this issue, aspartame causes headache, memory loss, seizures, vision loss, coma and cancer.

It worsens or mimics the symptoms of such diseases and conditions as fibromyalgia, MS, lupus, ADD, diabetes, Alzheimer's, chronic fatigue and depression.

Further dangers highlighted is that aspartame liberates free methyl alcohol. The resulting chronic methanol poisoning affects the dopamine system of the brain causing addiction. Methanol, or wood alcohol, constitutes one third of the aspartame molecule and is classified as a severe metabolic poison and narcotic.

Martini says NutraSweet is a "deadly neurotoxic drug masquerading as an additive. It interacts with all antidepressants, L-dopa, Coumadin, hormones, insulin, all cardiac medication, and many others.

It also is a chemical hyper sensitization drug so that it interacts with vaccines, other toxins, other unsafe sweeteners like Splenda which has a chlorinated base like DDT and can cause auto immune disease.

It has a synergistic and additive effect with MSG. Both being excitotoxins, the aspartic acid in aspartame, and MSG, the glutamate people were found using aspartame as the placebo for MSG studies, even before it was approved." - in "Donald Rumsfeld and the Strange History of Aspartame", Huff Post, 6 January 2011.

"In November 1970 - Cyclamate, the reigning low-calorie artificial sweetener - is pulled off the market after some scientists associate it with cancer. Questions are also raised about safety of saccharin, the only other artificial sweetener on the market, leaving the field wide open for aspartame.

IN May 1974 - Attorney, Jim Turner (consumer advocate who was instrumental in getting cyclamate taken off the market) meets with Searle representatives to discuss Dr Olney's 1971 study which showed that aspartic acid caused holes in the brains of infant mice.

On 30 September 1980 - The Public Board of Inquiry concludes NutraSweet should not be approved pending further investigations of brain tumors in animals.

The board states it "has not been presented with proof of reasonable certainty that aspartame is safe for use as a food additive." - in "How Aspartame Became Legal - The Timeline", 5 April 2016.

"In 1985 Monsanto purchased G.D. Searle, the chemical company that held the patent to aspartame, the active ingredient in Nutra Sweet.

Monsanto was apparently untroubled by aspartame's clouded past, including a 1980 FDA Board of Inquiry, comprised of three independent scientists, which confirmed that it "might induce brain tumors."

The FDA had actually banned the drug based on this finding, only to have Searle Chairman Donald Rumsfeld (currently the Secretary of Defense) vow to "call in his markers", to get it approved.

On 21 January 1981, the day after Ronald Reagan's inauguration, Searle re-applied to the FDA for approval to use aspartame in food sweetener, and Reagan's new FDA commissioner, Arthur Hayes Hull, Jr., appointed a 5-person Scientific Commission to review the board of inquiry's decision.

It soon became clear that the panel would uphold the ban by a 3-2 decision, but Hull then installed a sixth member on the commission, and the vote became deadlocked.

He then broke the tie in aspartame's favor.

Hull later left the FDA under allegations of impropriety, served briefly as Provost at New York Medical College, and then took a position with Burston-Marsteller, the chief public relations firm for both Monsanto and GD Searle.

Since that time he has never spoken publicly about aspartame." - Mike Manville in "Biotech Articles: Follow-up questions", Freezerbox, 26 February 2001.

Gene Therapy Farce

*"That retroviruses in a more attenuated form **are the major vehicles for gene therapy, so it really is gene therapy. Unfortunately it's destruction and not therapy."** - Dr Anthony Fauci, MD in "Genetics Role in AIDS Research", American Enterprise Institute, CSPAN, 30 June 1997.*

"87% Of women with Breast Cancer have no first-degree relatives with Breast Cancer." *- Dr Kristi Funk, MD, in "The Real Truth About Health", 25 December 2022.*

"At present the only 2 readily observable effects are death or malignant transformation.

Practical applications of molecular biology to cancer research might also be sinister-they are not likely to be helpful.

This series of articles is designed, I believe, to persuade readers to think again about some current dogmas that have grown up in medicine - and not necessarily to offer alternative approaches.

It is a hard thing for an experimental scientist to accept, but it is becoming all too evident that there are dangers." - in "Men or Molecules?", The Lancet, 1 January 1966.

"Many of the Pharmacological and Toxicological implications of Drug metabolism by Gastrointestinal Microorganisms have been described (Scheline, 1973), and the Role of the Bacterial Metabolism in the Formation of Chemicals, possibly of importance in the Etiology of Cancer of the Colon, Breast and Stomach, have been discussed (Draser and Hill, 1972, 1974; Hill, 1975)." *- in "Nutrition and Drug Interrelations", 1978.*

Chapter 12

Pneumonia and Hydropathy

"Dr E. T. Secor, in a splendidly Written paper which appeared in "Clinical Medicine", in November, 1919, on "Influenza, Pneumonia and Hydrotherapy", after deploring the results of medication in pnel1monia, strongly advocates the use of the bot park.

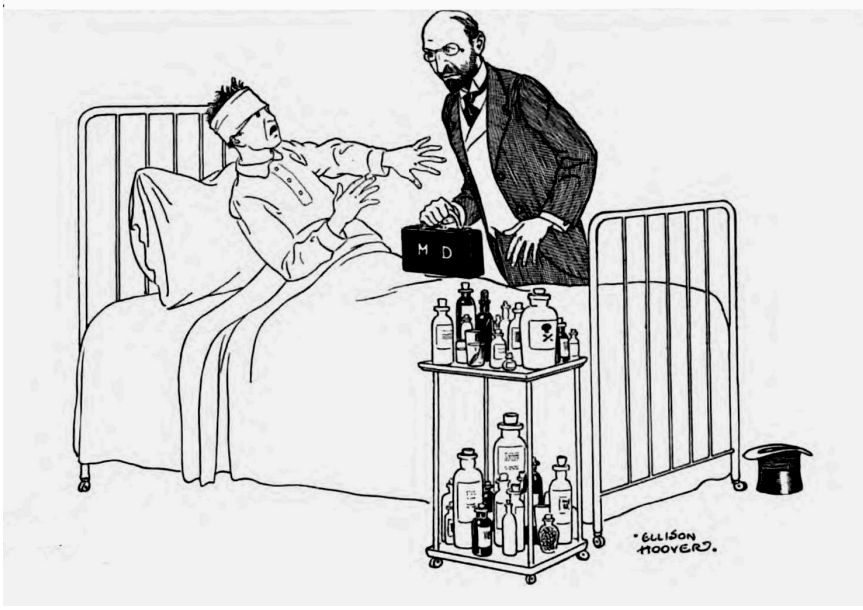
This pack is applied in the shape of blanket pads dipped in hot water, wrung dry, put over the chest, front and back, covered with dry blanket, allowed to remain a few moments; then the chest is rubbed with ice quickly, and the pack repeated.

This process is continued for 15 or 20 minutes at a time. The reaction, he says, is wonderful, and he believes many cases of pneumonia are aborted, venous congestion is relieved, and the temperature drops." - in "The Clinique", 1920.

"The observations of physicians show that constipation and cecal stasis are early and permanent in patients attacked by appendicitis.

The appendix is an independent organ and a useful one, the physiological function of which becomes more and more evident.

Its ablation in numerous doubtful cases is a harmful act, since the large intestine suffers and the patient suffers a loss in the physiological function of defecation." - in "The American Journal of Roentgenology", 1918.



"But, Doctor, I never felt better in my life."

"That, Sir, is a matter for the health authorities to vote upon. The law assumes every man to be sick until pronounced well."

- in "Journal of Zoöphily", April 1916.

Tympanites

"Tympanites was also greatly relieved by using turpentine enemata when the usual means had ended in failure." *- Dr David Melville, MD, in British Medical Journal, 20 April 1901.*

Drugs and Disease

"In the January number of the London Practitioner there is a monograph on the use and abuse of drugs.

In it the writer makes some startling assertions as to the efficacy of drugs in combating disease.

"It is a matter of common knowledge" he says "that a patient, suffering from phthisis, will improve in health, for a time at least, the first time he is placed under the charge of a medical man, no matter what drugs, vaccines or speciality of treatment may be employed."

The beneficial result is due, in this, as in many other diseases, to:

Efficient Nursing,
The Regulation of Food,
Exercise,
Sleep (rest),
More Open-Air life.

If only this effect were more clearly recognized, the number of "treatments" in vogue for this common disease might be diminished.

We are also so prone to look upon any improvement, in our patients, as being the result of our interference with their physiological functions through the agency of drugs, serums, vaccines, or other treatment adopted, that we forget the more Hygienic Conditions under which we have placed them.

General Hygienic Measures are of primary importance in treatment, and it is not until all the beneficial effects, which we know will ensue from these alone, have been exhausted, that we have any right to ascribe any effect, beneficial or otherwise, to a special treatment." - in "The Journal of Osteopathy", April 1913.

For Some Reason They Don't Want to Have Cure for Cancer

"It is very difficult for some reason, to obtain permission to treat patients in the United States.

I think this country (USA) has the finest bureaucratic regulations in the world, and the other countries are way behind.

Here the patient has to go to very difficult bureaucratic process, which usually most patients will not be able to go through because they died in the process.

For some reason they don't want to have cure for cancer." - Dr Stanislaw Burzynski, MD in "Burzynski: Cancer Cure Cover Up", 2016.

"My name is Sergeant Rick Schiff, I'm an 11 year veteran of the San Francisco Police Department.

I hold the department's highest Medal of Honour for bravery, that used to mean a lot more to me than it does now.

What I'd like to talk to you about today is my now 7 year old daughter, now dead, when she was 4 years old Crystin developed a highly malignant brain tumour, that had spread throughout her spine in her brain.

The doctors told us that we had really 2 options take her home, let her die, or bring her in for massive dosages of chemo and radiation simultaneously.

In either event she was going to die, there were quite certain of that, and very quickly believing her only chance to be the standard route (the Medical Trade), we gave her the chemo and radiation.

It burned her skull so bad, she had second-degree burns, and her hair never came back.

To change her diapers, we had to wear rubber gloves, because her urine was so toxic, and it burned her.

At the end of 6 months miraculously she survived the standard (Medical Trade) treatment, although there was a high expectation she wouldn't she still had cancer.

We were told (by the Medical Trade):

"Sorry we've done everything we can, now she's going to die".

Within a couple of months my wife and I choosing not to accept that, and started reading.

The first book I picked up, the 3rd Chapter discussed Dr Burzynski.

As you may guess, I have some expertise in fraud, in fact I'm quite certain there are enough attorneys in the room that could be Board Eared as an expert in fraud.

And like my own investigation have no doubt the man is not a fraud.

I have no doubt that he does what he does out of earnest belief that his medicine works.

And now you're in a position to judge for yourselves whether it works or not but.

It's well established by the FDA that it's non-toxic, **18 months later we took my daughter off the Antineoplaston (Burzynski group of peptide derivatives), she had not died, she had no signs of tumour, she remained free for 18 months of cancer.**

Within a month the cancer was widespread in her brain, we put her back on Burzynski's (Antineoplaston treatment).

By the way, at the objections of our (Medical) Doctors, for some reason felt that it had failed her.

We put her back on within 9 weeks the tumour was completely gone.

She died last July 1995 of neurological necrosis, her brain fell apart, from the radiation.

The autopsy showed that she was completely cancer-free.

Out of 52 cases of that disease ever no one died cancer-free, just Crystin.

So she didn't die of a terminal illness, she's died from bad advice, she died because there's a government institution that disseminates false information and is not looking out for the welfare of the people." - Rick Schiff in "Congressional Subcommittee Hearing", 29 February 1996.

Iodine in Removal of Tumour From Side of Neck

"The swelling was about the size of a small fist, situated just above the clavicle upon the course of the subclavian artery.

It was moveable and elastic, evidently containing fluid, but causing no pain or inconvenience save an occasional numbness of the arm produced by the pressure of the tumour on the brachial nerves.

The diseased structure was the growth of a few months, and was rapidly increasing.

It was, however, too evidently a hydrocele of the neck to permit the use of the knife until other measures had failed.

The very great success which had attended the iodine injections recommended by Mr. Martin in scrotal hydrocele, induced me to give that method a trial.

Accordingly, I punctured the tumor with a trocar, and, having discharged its contents, which consisted of a thick, glairy serum, I injected into it 2 ounces of a solution of iodine, made by adding 3 grains of solid iodine and a drachm of hydriodate of potass to 6 ounces of water.

The tumor almost immediately swelled up to more than its original size.

This swelling increased in the course of the next day, and the part became very painful and red.

It continued in this state for 5 or 6 days.

At the end of that time the tumor began to subside, and the pain and redness diminished rapidly.

In the course of another week that side of the neck was nearly as flat as the other, a small lump only remaining in the site of the original tumor; this finally disappeared, and no vestige of it could be observed at the end of 6 weeks.

During the whole time little or no constitutional irritation manifested itself.

The complete success which attended this case is an additional proof of the value of iodine injections in tumors of this nature.

Another disease is thus added to the list of those over which this powerful remedy has so much influence.

It is simple, and easily applied, producing comparatively but little inconvenience or suffering." - De H. H. Goodeve, MD in "Case of Encysted Tumor Cured by Iodine Injection", Prov. Med. J. Retrosp. Med. Sci., 1 July 1843.

The Influence of Prayer in the Success of Fertilization

"To assess the potential effect of Intercessory Prayer (IP) on pregnancy rates in women being treated with in vitro fertilization-embryo transfer (IVF-ET).

The setting was an IVF-ET program at Cha Hospital, Seoul, Korea.

Intercessory Prayer (IP) was carried out by prayer groups in the United States, Canada and Australia.

The investigators were at a tertiary medical center in the United States.

The patients were 219 women aged 26-46 years who were consecutively treated with IVF-ET over a 4-month period.

Randomization was performed after stratification of variables in 2 groups: distant IP vs. no IP.

After clinical pregnancies were known, the data were unmasked to assess the effects of Intercessory Prayer after assessment of multiple comparisons in a log-linear model.

The Intercessory Prayer (IP) group had a higher pregnancy rate as compared to the no-IP rate (50% vs. 26%, P = .0013).

The Intercessory Prayer (IP) group showed a higher implantation rate (16.3% vs. 8%, P = .0005).

Observed effects were independent of clinical or laboratory providers and clinical variables.

Conclusion: A statistically significant difference was observed for the effect of Intercessory Prayer (IP) on the outcome of IVF-ET." - in "Does prayer influence the success of in vitro fertilization-embryo transfer? Report of a masked, randomized trial", Clinical Trial J. Reprod. Med., September 2001.

"I sought the LORD, and he heard me, and delivered me from all my fears." *- Psalms 34:4*

"It is the Nature of being a Human that your Consciousness has the capacity to Therapeutically affect the well-being of others." *- Stephan Schwartz, in "The Realm of the Will", Explore, May 2005.*

Chapter 13

The Virus Isolation Farce

"A few years back WHO had published simple guidelines on how to establish a virology laboratory in developing countries. There have been many technological advances since then. Newer geneticbased methods have become available.
However, isolation of viruses and their characterization continues to remain as the gold standard in virology." *- Dr Poonam Khetrapal Singh, Regional Director, World Health Organization (WHO), 2017.*

"The idea of culturing a bacteria or virus to therefore prove it's existence..., we no longer have to do that now because we are in the level of genetic sequencing." *- Dr Sabine Hazan, MD in "High Wire Talk", 21 April 2023.*

There's a Lot of Guesswork Involved

"Shaun Hendy at work at his kitchen table, modelling the country's Covid-19 spread.

"It's the first time we've ever done anything like this in New Zealand so ***there's a lot of guesswork involved."*** *- Shaun Hendy, University of Auckland*

Te Pūnaha Matatini, the centre for research excellence that Hendy leads, studies complex systems and networks." - in "The man modelling NZ's Covid-19 spread from his kitchen table", RNZ, 27 March 2020.

The Clown World of Virology

Taking into consideration that NO "VIRUS" HAS EVER BEEN ISOLATED.

Let me repeat that, taking into consideration that NO "VIRUS" HAS EVER BEEN ISOLATED. This claim is to say the least poor sand dust in the eyes of the uneducated.

There is not 1 (one) paper that has shown that a so-called "virus" has been isolated. Particles that where claimed to be viruses turned out not to be so, and actually did the opposite of what a "virus" should do.

"Viruses", obviously didn't receive the memo from the Virologists.

Even if so-called "viruses" existed, it would remain impossible to isolate RNA and DNA particles, this is impossible to do.

So the question remains how on hell have these so-called Virologists Clowns isolated viruses in the past. The answers is they never did, it is a Fraud.

The Medical Trade is a Fraud, Virology is just one aspect of the Medical Trade Fraud.

The Viruses Variant Farce

"We are told this story of a clean progression of variants around the world.

There's no precedent, none, zero precedents in biology for any phenomenon of an RNA virus to do such a thing.

In America, 3 Million people die every year, nobody said that. Nobody told us that every week between 50 and 70,000 Americans die.

So, when they say 1,000 people died of Covid — it sure sounds crazy.

The goal, again, is to integrate a total surrender of individual sovereignty, and removing these basic human rights and granted permissions." - Dr Jonathan Jay Couey, PhD former professor of Immunology and Biology, School of Medicine at Pittsburgh University, in "National Citizens Inquiry", Red Deer, Canada, 28 April 2023.

The Virus Theory Farce

"We published an article by Dr Herbert Snow, MD a well-known London Surgeon.

This article is replete with food for reflection, and contains material, we feel, of the greatest interest.

As the author says:

"The Germ Theory offers such a simple explanation of so much that is profoundly mysterious and obscure that, in spite of every difficulty, belief in it has come to be an obsession overwhelming and unapproachable by reason."- Dr Herbert Snow, MD

"Microbes are always found where there is disease. They are also found where there is no appreciable disease, and may be the result and not the cause of disease." *- Dr Rudolph Virchow, MD, 13th Triennial Session, International Medical Congress, Paris, 1903.*

The Measles Virus Farce

"Measles is a Highly Contagious, Vaccine-preventable Infectious Disease Caused by Measles Virus." *- in "Wikipedia", 10 July 2023.*

"In January 1950, Siamese twins, Masha and Dasha Krivoshlyopova were born.

The delivery was by caesarean section.

Dasha and Masha conjoined twins who shared a blood system but had separate nervous systems were ideal objects for research.

Soviet Medical Authorities took the girls away to a Medical Institute in the Moscow region, for a series of experiments.

During childhood one twin got Measles and the other did not." - in "Siamese twins tortured by Stalin's scientists - and how one condemned herself to death when her sister died", Mirror, 10 August 2017.

"A second agent was obtained from an uninoculated culture of monkey ***Kidney Cells. The cytopathic changes it induced in the unstained preparations could not be distinguished with confidence from the Viruses obtained from Measles."*** *- Enders, Peebles, in "Propagation in Tissue Cultures of Cytopathogenic Agents from Patients with Measles", Proc. Soc. Exp. Biol. Med., 1954.*

"The drugs which are administered for the cure of scarlet fever and Measles, kill far more than those diseases do. I have recently given No Medicine In their Treatment, And Have Had Excellent Success." *- Professor B. F. Barker, MD, in "The Health Reformer", 1869.*

The Germ Theory of Disease

Dr Herbert Snow, MD, London Cancer Hospital

"The Journal of Osteopathy" April 1913

"The "Germ Theory" of Disease, so prominent in medical literature and practice, began with the unsuccessful efforts of the chemist Pasteur to apply to human, maladies which, not being a doctor, he only knew academically deductions drawn from the phenomena he had observed in fermentation.

There has never been anything approaching scientific proof of the casual association of micro-organisms with disease; and in most instances wherein such an association has been pretended, there is abundant evidence emphatically contradicting that view.

Yet most unfortunately this lame and defective theory has become the foundation of a very extensive system of Quackery, in the prosecution of which millions of capital are embarked, and no expense spared to hoodwink the public with the more credulous members of the Medical Faculty.

It may then not be out of place to survey, as judicially as may be, the position in which the "Germ Theory" now stands; with the Ill-consequences very conspicuously resulting from its premature adoption as a proven axiom of Science.

Those ill results are demonstrated and lucidly set forth in categorical detail, by the recently published Minority Report - whereof Dr George Wilson is author of - the Royal Commission on Vivisection.

The subject naturally falls into 2 divisions:

1. The Microbe or Germ as asserted to cause, febrile and infectious maladies;
2. The same as the supposed source of suppuration in wounds, and of the basis of Lister's exploded "Antiseptic Theory". The former appertains to Medicine, the latter to Surgery.

I
Microbes as the Asserted Cause of Fevers, Consumption Diphtheria, Etc.

The majority of symotic-maladies are unquestionably due to some sanitary defect, as dirt, foul air, polluted water, innutritious food, deficient light, etc.; and when the fault has been remedied, the disease is prevented or cured.

But these are its gross causes.

Of the subtler agencies whereby illness is produced, our ignorance is crass indeed.

Hence a natural temptation, whenever a micro-organism is found in connection with a malady to assume that the latter is directly due to the former, and to overlook necessary links in the chain of scientific proof.

The "Germ Theory" offers such a simple explanation of so much that is profoundly mysterious and obscure that, in spite of every difficulty, belief in it has come to be with the bulk of medical practitioners - and so with the public who place implicit confidence in "Medical Science" - an obsession overwhelming and unapproachable by reason.

The first of these difficulties is the fact that in spite of the most diligent and persevering efforts, no investigator has ever yet been able to detect any causative germ whatever in some of the most familiar and prevalent maladies of this zymotic class.

Vaccine lymph we have always with us, and in forms peculiarly well adapted to the methods of laboratory research.

More than 20 years since, the Grocer's Company offered a prise of $5,000 to the discoverer of its "germ".

That prise is still open and has never been even claimed.

No one has yet discovered any micro-organism in association with:

Measles,
Scarlatina,
Small-Pox,
Chicken-pox,
Mumps.

One has lately been put forward as the source of Whooping-cough, but proof of the statement is wanting; and the same with Pfeiffer's – Influenza – bacillus, Pasteur, the Apostle of the Germ Theory, could detect no microbe (in spite of assiduous search) in Hydrophobia; not of course a zymotic malady.

Of Cancer, some 19 distinct micro-organisms have been proclaimed the cause; but no one beyond the discoverer has ever accepted this discovery.

Per contra, a micro-organism has been discovered in more or less frequent association with the lesions of Diphtheria, Tuberculosis, Cholera, Bubonic Plague, Tetanus, Typhoid Fever, Spinal Meningitis, and a few more.

In each instance it has been put forward as the cause; and on that assumption a serum or vaccine has bean commercially exploited as cure or as preventive of the particular disease in question.

Let us briefly inquire into the credentials of some of these germs: and consider how they would satisfy the requirements of genuine Science.

Koch's Postulates

But first it may be presumed that germs in general are of extremely numerous varieties, and that morphologically these varieties often bear so dose a resemblance to each other, that even a highly skilled microscopist has the greatest possible difficulty in distinguishing one from another by its appearance under the microscope.

Also the micro-organisms found in disease are commonly mixed and blended in almost inextricable confusion.

Hence Professor Koch, of Berlin, the discoverer of the Cholera and Consumption bacilli, laid down 5 postulates with which any germ must comply, before it could be scientifically admitted the “vera causa” of any malady

whatever.

At the time Koch was practically the head of the Bacteriological world, and his dictum was unhesitatingly accepted by bacteriologists.

Apart from expert opinion.

It obviously appeals to common sense.

In order that a micro-organism may be scientifically held causal, it must:

1. Always be discoverable in association with the particular disease.

2. Never occur in conditions of health or in other disease than the one indicated.

3. Be capable of cultivation for many generations outside the body of the host.

4. Always produce the same disease when subsequently inoculated into the body of another animal.

5. Then always by found in this second animal host.

Not a solitary germ yet discovered has succeeded in fulfilling all these conditions.

In fact, no single microbe put forward by bacteriologists as the cause of a disease has yet complied with more than one, and - which is a point of particular significance - that one is the third of the above.

In other words every micro-organism yet found in association with disease has utterly failed to fulfil 4 out of 5 tests which the leading bacteriologist of his day laid down as absolutely essential before it could be counted a genuine cause, or held in any sense aetiological.

Witness the following examples:

The Bacillus of Diphtheria

The microbe to which Diphtheria has been for the past 17 years attributed and whose presence in the throat-mucus now constitutes the official and sole acknowledged test for the presence of that malady, was discovered by Messrs. Klebe and Loeffler and is called by their name.

They could not detect it in 35%, (1 in 4) cases of undoubted Diphtheria.

See also: Osier's Practice of Medicine, Page 138, where Osier, practically the leader of modern Medicine, admits its frequent absence even in bad cases.

Since its discovery as above the bacillus has also been found in abundance in the throat-mucus of innumerable healthy people; and this by many independent observers.

Hitter detected it in 127 perfectly healthy school children.

Hewlett and Murray found it in 15% of children in hospital with various maladies other than Diphtheria (British Medical Journal, 15 June 1901).

> *"Rober has made an extensive series of observations upon the presence of diphtheria bacilli in the healthy throat. There were 128 persons examined who had been in contact with cases of diphtheria, and 600 who had not knowingly been exposed to the disease. Of the 128 persons, the diphtheria bacillus was found in 10, a percentage of 8%; and of the 600 persons, it was found in 15, or 2.5%. Further inquiry among these 15 showed that 10 could be considered to have been exposed, directly or indirectly, to the disease, reducing the percentage of unexposed individuals who carried the bacilli in their throats to 0.83%. The organisms among the persons who had been exposed to the disease were all virulent, but of the non-exposed only 5 were virulent." - in "On A Common Source Of Diphtherial Infection And A Means Of Dealing With It", British Medical Journal, 15 June 1901.*

The organism has a very wide distribution.

It has been detected microscopically in the contents of vaccine vesicles, in tuberculosis and emphysematous lungs, in mucus from ordinary catarrhal sore throat, in stomatitis, rhinitis, conjunctivitis, in eczema and other skin eruptions, in gangrene, noma, ozoena, etc.

Injected into the body of another animal the Klebs-Loeffler bacillus invariably fails to produce disease in any way resembling human Diphtheria.

The horses so treated for the purpose of manufacturing Diphtheria-Antitoxin, from their blood-serum, show no

symptoms apart from general malaise, of that malady.

(See evidence of Professor C. J. Martin, Proc. of Royal A-V, Commission, Q. 11897).

Tuberculosis

The Tubercle-bacillus was discovered by Professor Koch in 1881.

He endeavoured to prove that it is the cause of Tubercular Consumption, but entirely failed to do so; all his conclusions were promptly contradicted by Professor Middendorp and others. Nevertheless, this microbe has since been elevated to the baleful potency of a malignant African fetish.

It has caused Unhappy consumptives to be shunned like lepers; is now dangerously threatening the milk trade, the agricultural interest, and even the general arrangements of industry at large.

The germ does not make its appearance in the sputum of consumptives until that disease has continued for several months.

Dr H. J. Loomis (Medical Record, 29 July 1905), gives the average date of its detection at 3 and 1/3 months from inception, as fixed by the physical signs.

Dr Muthu's extensive experience at the Mendip Sanatorium enables him to affirm that it is not infrequently absent from the expectoration of patients with very advanced-disease and "extensive mischief in the lungs." (Pulmonary Tuberculosis and Sanatorium Treatment, 1910).

Professor Middendorp denies that the bacillus exists in any tubercular nodules of recent formation, and prior to the onset of degenerative processes.

Spina, Charrin, and Kuskow failed utterly to detect it in Acute Military Tuberculosis, wherein, were the causal theory of Koch genuine, it must needs be specially abundant.

A noteworthy element of fallacy in reference to the value of inferences from experiment with the Tubercle-bacillus upon the lower animals lies in the fact that most of such experiments take place with the guinea pig.

In 1868 Dr Wilson Fox, proved that it was easy to produce Tuberculosis in that animal by almost any tissue-irritation, and by inoculation whit miscellaneous substances very varied in character.

11 of 13 guinea-pigs became tubercular through the subcutaneous injection of pneumonic lung-substance, 4 out of 5, by that of putrid muscle, others by the insertion into their tissues of silver-wire, cotton thread, and the like. (Lecture Royal College Physicians, 15 May 1868).

Dr Fox's conclusions were confirmed by Dr Waldenburg and have never been contradicted.

They appear to invalidate the bulk of "scientific" researcher including those most elaborate and prolonged investigations by the Royal Commission on Tuberculosis.

The Microbes of Plague, Cholera, Tetanus, Etc.

The Times of 13 January 1896, quotes a Report to the Plague Commission at Agra, by Mr. Hankin, Bacteriologist for the North West Provinces.

> ***"There was no doubt that cases of Plague occurred among human beings in which no microbes were visible at the time of death. This fact was first proved by the members of the German and Austrian Plague Commission."***

The "Comma bacillus" was discovered by Koch, who proclaimed it to be the cause of Asiatic Cholera.

Dr Klein, who was about to proceed to India to investigate the origin of that disease, did not believe in Professor Koch's statement and experimentally drank a wine glassful of comma bacilli in "pure culture".

No effect followed; and Dr Klein remains alive and well to this day.

At Hamburg Pettenkofer and Emmerich swallowed the actual dejecta of a cholera patient with results similarly negative.

Pettenkofer Concluded That the Specific Virus of Cholera Does Not Arise From the Comma Bacillus, But Is Evolved in the Human Organism

Tetanus is ascribed to a microbe resident in garden soil, which gains access to wounds.

That cannot be true, because such wounds among gardeners and agricultural laborers must be most common; yet they are very rarely attacked.

Also, tetanus not seldom occurs without external wound and Dieulafoy has recorded 35 cases following the injection of highly sterilised serum.

In India, Italy, and America, severe outbreaks of Tetanus have followed the use of Diphtheria, Anti-toxin.

The bacillus typhosus, the pretended cause of typhoid fever, is found in healthy persons, and according to Major Horrocks, R.A.M.A. (British Medical Journal, 6 May 1911) has no specific character whatever.

He finds that it is easily changed into other forms (B. Coli, B. Alcaligenes, etc.) by cultivation.

It has never been found in the water, to which many virulent epidemics of typhoid have plausibly been ascribed.

Dr Thresh, the well-known Medical Officer of Health, told the jury in the Malvern Hydro case, that he had accidentally swallowed a wine glassful of the "pure culture" of virulent typhoid bacilli - without the smallest ill-consequence.

On experiments involving the like conclusion, Dr J. W. Hodge remarks:

> *"In medical literature I find a number of recorded instances of the apparently healthy human body having been repeatedly inoculated hypodermically with pure cultures of, the active bacillus typhosus, the supposed cause of typhoid fever. These fully virulent cultures have also been injected into the rectum of the human body, and applied to large abraded areas from which the cuticle had been removed... with no other effects than those resulting from the puncture or abrasion."*

He makes a similar statement about the bacillus of Anthrax; and says that so far as his knowledge extends, all such experiments with other microbes reputed pathogenic have been negative. (American Journal of Neuropathy, February, 1911).

These remarks are specially pertinent at the present time because of the recent official order that the whole United States Army is to undergo inoculation with Anti Typhoid serum, a remedy resting in toto on belief that the B. Typhosus is the source of Enteric fever.

It is admitted that the microbes asserted to generate Spinal Meningitis, Anthrax, Influenza, etc..., cannot be detected in all the victims of these disorders by the most careful search.

No pathogenetic germ has ever been found in the air.

Mosquitoes and Malaria

The present position of the favourite official view of a germ as the cause of Malarial fevers, and conveyed by the mosquito, may be here glanced at on the "General Theory", it may be remarked that Malaria abounds where the insects are entirely, or almost entirely, absent; as in the tropical highlands generally and the elevated regions of Rhodesia (Bantock).

That the fever is at its maximum when there are hardly any mosquitoes about, and at its minimum when these are most numerous.

That the malady is apt to follow a chill, after long years of Immunity in temperate Europe.

Secondly, we note that although the theory has been current for nearly 10 years, wherever it has been acted on, it has totally failed in actual practice. Wherever operations for the destruction of the mosquito (per se) have been carried on as at Miam Mir, for 7 or 8 years (Lancet, April 1909), they have proved useless. The malady is as prevalent as ever, in spite of the great labor and sacrifices involved.

So far as it is possible to obtain unbiased official testimony, we learn that only the gross measures of sanitation count.

II

Microbes and Suppuration
The Obsolete Antiseptic Theory

The Antiseptic System of Surgery, to the introduction of which the fate Lord Lister owed his extraordinary fame, was based on the theory that certain specific micro-organisms cause suppuration in wounds; and that by destroying them before they could gain access thereto, suppuration was prevented.

Hence the invention of the Carbolic Spray, and all its accompanying cumbersome technique, which in the 70's of last century wearied the heart of the surgeon, and not seldom killed the patient.

It was eventually discovered that no human power could possibly devitalise the millions of microbes which gain access to every wound during the briefest operation.

Lord Lister had to confess at Liverpool, on 16 September 1896, that his whole theory was erroneous, and that it was only "the grosser forms of septic mischief" which had to be reckoned with in surgery.

The Carbolic Spray, and even the "Antiseptic washing and irrigation", had been authoritatively abandoned by him 6 years earlier, with an expression of regret for the introduction of the former.

> *"I feel ashamed that I should ever have recommended it (the spray) for the purpose of destroying the microbes in the air."*

Antiseptic surgery was then replaced by Aseptic; which being translated simply signifies careful and wholesome cleanliness — that and nothing more.

Instead of striving to kill the germs, we severely let them alone, concentrating all our attention upon that cleanliness

of patient, of doctors, of nurses, and of dressings, which assuredly in this matter is not merely next to godliness, but is infinitely preferable.

Lister, was wrong, and frankly confessed it.

Yet to the end of time should his fame continue, for he worked indeed a great miracle, which to those who, like myself, remember the days previous, would seem almost inconceivable.

He actually made surgeons and dressers wash their hands and carefully cleanse their nails — a thing almost, unknown before!

A marvellous transformation there has been.

Oh, the mal-odors of the wounds and the wards, and the busy hands of doctors, students, and nurses at work therein, during the pre-Listerian period!

Oh, the foul black nails of justly celebrated surgeons, I can remember in that not very remote epoch!

But for the germs themselves, the "pyogenic" micrococci, the streptococci and staphylococci, "et iis similia" — these bogeys were quickly found to be unentitled to the high estate conferred on them by Lister; and had it not been for medical obsession by the "Germ Theory", must have fallen into utter contempt.

It was proved that in all the natural mucous secretions of the body they exist in myriads.

They are perfectly normal inhabitants, to all appearance perfectly innocuous, of the bronchial tubes, nose, mouth, throat, etc.

Lister admitted that his carbolic sucked them into its vortex, carried them into the operation wound in far vaster numbers than would have penetrated otherwise, and was not strong enough to kill them.

Lockwood found it all but impossible to sterilize the skin of his own hands, let alone that of the patient completely; and further that on areas such as the scrotum where micro-organisms specially abound his operation wounds appeared to heal the better for their presence.

Corrosive Sublimate, the most potent killer of germs known, entirely precludes healing as every surgeon knows;

the wound obstinately continues raw.

Pus is known to be frequently present without any micro-organism, and to be readily caused by various chemical agencies such as painting the skin with iodine, rubbing it with mercury or Croton oil.

Of 50 agar plates prepared from pustules produced in twenty patients by the last-named, 45 were perfectly sterile (Kreiblich of Vienna Experiments in the Production of Pus, quoted by Bantock, Op. Cit., page 161. See also Medical Press and Circular, 19 June 1901.)

With Lister, Lockwood practically concluded that it was only "the grosser forms of septic mischief" whereof the surgeon had to beware, and that **perfect sterility is impossible in surgery.**

With wholesome cleanliness, drainage, and careful subsequent precautions to maintain dryness — freedom from moisture — of the parts involved in a surgical operation no suppuration takes place — whether microbes are to a certain extent excluded (they cannot be entirely so) — or whether they are allowed to swarm in by the billion.

Such is my own experience in a lengthy hospital career, and it concurs I think with that of every other practical operator, peritoneal or otherwise.

I mention this last because the rules of peritoneal (abdominal) surgery differ materially in detail from those of other departments (a point apt to be overlooked), and inference from one to the other is not always safe.

The peritoneal membrane it was that most suffered by absorption of the poisonous carbolic acid when the spray was in vogue.

Probably it was for this reason that the great Lawson Tait persistently depreciated Lister.

He ascribed the invention of surgical cleanliness to Syme.

With Bantock, he abominated the spray even when its vogue was overwhelming, and experience proved the justice of their contention.

III

The Fallacies of the Bacteriologist and the Tricks of Trade

But unfortunately both in the medical and surgical departments of the healing art, powerful vested interests had by this time (i.e., 1890, when Lister at the Berlin Congress officially discarded his "Antisepsis") arisen, **and, in combination with still more Powerful Financial Forces outside the faculty, were compelled to prop-up the decaying "Germ Theory" by every possible method and at all hazard.**

Consequently, when Aseptic Surgery displaced Antiseptic, it was officially proclaimed publicly that the former was only the corollary of the latter — which it really negatived entirely.

Lister was induced to ally himself with the successful new school, and to confer upon its edicts and practical prescriptions the unparalleled lustre of his worldwide reputation.

At the Royal Medico-Chirurgical Society on 20 June 1901, the Antiseptic method in surgery was solemnly buried in the presence of its author, but proclamation was also made that the new Aseptic "was the outcome of the Listerian method."

The proposition is ingenious; but one might as well describe the locomotive as the outcome of the stage coach.

So much for surgery.

But in medicine, still greater forces were indissolubly pledged to the maintenance of the belief in special micro-organisms as the cause of specific diseases.

Pasteur has invented Serum-Therapy, beginning with fictitious cures, whose validity he signally failed to prove, for Rabies and Anthrax.

Millions of Capital were being Invested in Commercial Enterprises for the Manufacture of sera to cure or to prevent human maladies, and Sold on the credit of the "Germ Theory".

Hence it was impossible to suffer public belief in the evil potency of Germs — by this time thoroughly established — to be trampled out by the hard facts of Science.

So nothing was spared that could serve to prevent a perception of the actual truth.

The total failure of every one of these nostrums to accomplish its ostensible object was concealed; their frequent dangerous effects disguised, and the statistics of disease manipulated towards the desired end, or often purposely falsified upon a most extensive scale.

In the whole wide field of Serum-Therapy so far, not a solitary genuine success has been scored.

The fact is categorically demonstrated by Dr. Wilson's Report in the recent Blue Book.

For all who can read between the lines it stands admitted to all intents and purposes, by the Majority Report of the Royal Commission on Vivisection (q. v.).

The Therapeutic Failure of Sera and Vaccines

The most striking example of non-success in a supposed remedy introduced on the faith of the "Germ Theory" is afforded by the Diphtheria Antitoxin now manufactured and sold in such large quantities throughout the civilized world.

As with the other Sera in the markets it is not exactly what it professes to be. To the blood-serum, of the inoculated horse must necessarily be added a small quantity of some chemical preservative — carbolic acid, iodine, formaline, etc.,— to prevent that rapid decomposition which would otherwise quickly ensue.

Hence each hypodermic injection of such agents involves the introduction into the blood of a minute dose of a powerful, commonly poisonous drug, having special effects for good or for evil, of its own.

It can excite no surprise therefore when we find that nearly all are prone to cause sudden death, with a host of minor ill-consequences often of the graver character.

** For the many evil sequelae of the Diphtheria-Antitoxin see "The Bacteriology of Diphtheria", by Drs. Nuttall and Smith, Cambridge, 1908. For the danger of Tubercular treatment, "Serums, Vaccines, and Toxins", by Messrs. Bosanquet and Eyre, 1909. For the bad results of Serum-Therapy in numerous instances consult article,"Serum Exhibition and Serum Rashes", by Dr James Dundas, The Hospital, 29 August 1909.*

At a discussion of the Royal Society of Medicine at Brussels, reported in the "Bulletin", November 1910, **numerous deaths from the injections of various sera were referred to.**

To show a surplus of cures by the Diphtheria-Antitoxin it was only necessary to introduce an absolutely erroneous mode of diagnosis, which has since completely falsified all the published statistics of treatment.

Instead of the white throat-pellicle and other obvious clinical signs whereby practical doctors who knew their work were accustomed to recognize a case of Diphtheria when they saw it, rarely making a mistake, the presence or absence of the aforesaid Klebs-Loeffler bacillus became the sole test.

For obvious reasons no figures of successful treatment had under such circumstances the slightest pretension to scientific accuracy; thousands of harmless sore throats being thus swept into the net, to demonstrate the beneficial effects of the Antitoxin.

In spite of this most unwarrantable and unscientific proceeding the annual percentage of deaths from Diphtheria has considerably increased, since the "cure" was introduced (in 1894).

For the 10 years previous it was only 205 per million persons living.

In the 10 years following, the deaths rose to 235 per million, i.e., in England and Wales.

It only remains to add that Diphtheria is of all contagious maladies the most easily and promptly curable by simple and innocuous remedies, well-known to the faculty:

Sulphurous Acid having been found the most efficient in the writer's own hand.

259 cases treated by other remedies without a single fatality are reported in the Journal de Medecine Paris, 24 November 1894.

So long ago as 1859, Markinder treated 400 cases of Diphtheria at Gainsborough with only a single death (Medical Record, 27 May 1899).

Haffkine's "Vaccine" for Plague may be next considered in view of the grievous harm it has actually caused, both directly and indirectly.

It is a culture of the bacillus pestis in beef-tea, and came into active use under the inventor's own superintendence on the outbreak of the epidemic which occurred at Bombay in September 1896.

A plague-epidemic dies out of its own accord, if not interfered with, in an average period of 8 months.

This one, however, was encountered with the above "Vaccine," and has continued ever since, i.e., for 15 to 16 years.

From Bombay it has spread over nearly the whole of India.

In 1907, the official mortality return for the year amounted to 1,315,880 — that was the high-water mark.

From September 1896, to the end of October 1911, the total deaths from Plague — in this single epidemic — have amounted to 7,621,255. (See official returns.)

And the end is not yet.

In 1911, to the end of October nearly 800,000 victims perished.

Recent accounts state that Haffkine's Vaccine has at length been given up as useless.

With this ghastly result — from a practical application of the "Germ Theory" — may be contrasted the Plague-epidemic which broke out in Egypt in 1899.

No inoculations were resorted to, but by isolation and common-sense measures of hygiene, the scourge was practically stamped out in 6 weeks (Egypt And The Soudan, The British Medical Journal, 21 April 1900).

"Lord Cromer's reports on Egypt have always been among the most readable of Parliamentary papers, and this year his report on the Soudan, which follows that on Egypt proper, adds not a little to the interest of the document.

Major R. H. Penton, D.S.O., R.A.M.C., the Principal Medical Officer of the Egyptian army, is able to report that vast improvements in sanitation have been effected in the town of Omdurman since its occupation by the Egyptian army.

Its condition was at first such as to render it quite unfit for human habitation.

The numerous cesspits, stagnant pools of water, and other nuisances have been abolished, with the result that disease directly attributable to filth, including dysentery, have been greatly diminished.

Cerebro-spinal Fever has been entirely absent, while in 1898 it spread as an Epidemic, causing great mortality.

Malarial Fever, the curse of the Blue Nile.

In the report on Egypt proper the passages of greatest medical interest are those which describe the means taken to check the outbreak of plague last May in Alexandria.

Sir John Rogers, who was Director General of the Medical and Sanitary Department at the time, was succeeded as Director-General of the Sanitary Department during the course of the year by Mr H. H. Pinching, and a memorandum by the latter officer is attached to Lord Cromer's report.

The disease was recognised officially on 20 May 1899, and it is thought that only 2 cases had occurred previously.

As soon as the truth was known the emergency was boldly faced.

Money was voted by the Government, and the whole responsibility for carrying out the necessary sanitary measures was taken over from the municipality by the Sanitary Department. If death

had already occurred, the body was removed to the mortuary.

In either alternative, all persons who had been in contact with the patient were taken to the quarantine station, where they were kept for 7 days, being fed meanwhile and compensated for loss of time.

On arrival at the quarantine station these "contacts" were required to remove all clothing, take a bath, and dress in clothes provided by the Government while their own were being disinfected.

Only 1 case of plague occurred among the "contacts".

In dealing with an infected house, all clothing, bedding, furniture, carpets, etc., were removed in special carts and disinfected by superheated steam.

The house was disinfected.

The house was then closed until the proprietor came out of the quarantine station.

Before this, all rubbish, such as old grass mats, soiled rags, cushions, etc., had been taken outside the city and burnt, the mats and cushions being replaced by new ones at the expense of Government.

These energetic measures were rewarded, for no second case of plague occurred in any house which had been disinfected.

Whenever a succession of cases was reported from any part of the city, a systematic cleansing of the whole quarter was at once undertaken; and the houses were cleansed and limewashed.

As no fewer than 21 deaths occurred out of hospital, the system was put to a severe strain, out of which it came triumphantly.

Mr Pinching, whose memorandum is dated 30 January 1900, is careful to observe that:

"Whether the disease has been entirely extinguished in Alexandria, it is yet too soon to say; it is now nearly 3 months since the last typical case occurred, though, a single suspicious

case was reported as recently as the 7th instant. ***The mortality of the town since June has been lower than the average of the last 10 years."***

> **He adds that all the precautionary measures, inspection, limewashing and cleansing of dirty quarters and examination of the dead, were being carried out with the greatest strictness**, and would not be relaxed for at least 2 months.
>
> **No cases have since been reported, and it seems reasonable to hope that the triumph of sanitation is permanent**, though continued vigilance will be necessary to detect either a recrudescence of the old infection or the importation of new cases.
>
> **In dealing with the Epidemic reliance was placed entirely on sanitary measures**, and Mr. Pinching expresses the belief that, when early notification of the first cases is received and stringent measures are at once taken, the disease may be dealt with as effectually as Small-Pox or Scarlet Fever; a comparison which will be thought by some in this country rather ominous than reassuring.
>
> It should be added that **attention is being given to measures for the improvement of both the water supply and the drainage of Alexandria**" ("Egypt And The Soudan", The British Medical Journal, 21 April 1900).

There is hardly anything to be said in favour of any one among the numerous other sera or vaccines which have been brought forward as remedial or preventive in human and lower animal disease, and are exploited commercially at a large advertisement outlay.

Sir Almroth Wright (Studies in Immunization, page 301), affirms that Serum-Therapy in general is devoid of any rational basis.

The Royal Vivisection Commission has elicited from Medical Official witnesses an unqualified admission of the failure of sera or vaccine, introduced for Cholera,

Consumption (Koch's Tuberculin), Pneumonia (Marmorek), Anthrax (Pasteur), Dysentery, Puerperal Fever, and Tetanus.

Statistics adduced as showing the value of the Typhoid-fever inoculations were completely balanced **by others indicating their inutility, and South African doctors, with practical experience of the results, emphatically state that they do far more harm than good, delaying recovery, increasing the mortality, and in no way serving to prevent the disease (British Medical Journal, 20 April 1901).**

> *"**Enteric Fever:** There are several points of interest in connection with enteric fever here. Constipation is the rule, and it is uncommon to get diarrhoea or haemorrhage. Phlebitis is of very frequent occurrence, and is very much more common than in England. Patients who have been exposed to excessive fatigue and those who have been conveyed long distances in an ambulance during the early stages of the disease frequently succumb ultimately to cardiac failure, although the attack has not otherwise been severe. I have had the opportunity of watching a number of cases of enteric fever from the beginning, and I have frequently noticed that they have been preceded by short attacks of pyrexia.*
>
> ***Inoculation:** With regard to the value of inoculation, I am satisfied from clinical observation that it does not modify the disease. Mild, severe, and fatal cases occur among the inoculated and non-inoculated, and, as far as one can judge, with the same frequency. Whether inoculation diminishes the incidence of enteric fever can only be determined by extensive statistics. From my own personal experience I should not think that the incidence is diminished. It is possible that inoculation protects for a few months, and that it may thus be of some limited utility; but in view of the pain and inconvenience caused by inoculation, I cannot feel that it will be of much practical value in the future.*

In this connection I may note that I have observed a not inconsiderable number of second attacks of enteric occurring within a year, and in one case, at least, the second attack was fatal.

Dysentery: *"During the past 3 or 4 months the cases of dysentery have been few and of a mild type.* ***An interesting point some-times arises in connection with diagnosis. During recovery from dysentery it is not uncommon to get an accumulation of faecal matter in the intestines.***
On the other hand, chronic constipation due, no doubt, to the nature of the food is common here, and in some of these cases the accumulation of faeces gives rise to dysenteric symptoms tenesmus and the passage of mucus and blood.
In both cases the treatment is the same the careful administration of enemata and purgatives.

Phlebitis: *I have already mentioned that phlebitis is an exceptionally frequent complication of enteric fever in South Africa. I have also seen a number of cases in which it has followed upon some other condition or has arisen without any definite cause. In one instance a severe case of phlebitis of the femoral vein followed a short febrile attack which I had diagnosed as influenza; and in other cases a doubtful gouty diathesis was the only assignable cause.*
There appears to be something in the food the absence of fresh vegetables or the presence of some ingredient in tinned foods which pre-disposes to phlebitis."- Dr J. W. Washbourn, MD, FRCP, in "Medical Notes from the Imperial Yeomanry Hospital at Pretoria", British Medical Journal, 20 April 1901.

Diagnosis

A very important misuse of the Germ Theory lies in the

substitution, sometimes enforced officially, of artificial and unreliable diagnostic methods for the previous reliance upon clinical signs.

This is in the highest degree prejudicial to medical education, tending to develop an academic race of practitioners devoid of practical acquaintance with their calling as healers of men, relying upon book-knowledge and artificial tests for disease, bigoted and narrow in an extreme degree.

The fallacy of a microscopic test founded on the presence or absence of a particular germ, for any special malady whatever, is conspicuous in every single instance already stated.

No microbe can invariably be detected in cases indisputably of the malady with which its name has been associated.

Every such micro-organism has been over and over again detected when there could be no suspicion of the malady it was supposed to bring.

Also there is no badge whereby a pathological microbe can be differentiated from one confessedly harmless.

The former is always very closely simulated in appearance by sundry varieties or forms of the latter, and bacteriologists of the highest skill confess themselves liable to be deceived.

Thus the Klebs-Loeffler bacillus of Diphtheria cannot be morphologically distinguished, even by bacteriological experts, from Homann's bacillus, confessedly innocuous, Koch's Tubercle bacillus cannot be discriminated from the harmless Timothy-grass bacillus and the Smegma bacillus.

It also closely resembles the Bacillus Typhosus of Typhoid, for which the Timothy-grass baccilus is again apt to be mistaken.

The gonococcus is very like the common micrococcus catarrhalis of the nasal cavity, and the diplococcus intracellularis of Weichselbaum, which is given out as causing Spinal meningitis, though Flexner himself confesses it is often absent.

The Micrococcus Melitensis, the asserted cause of Malta Fever — said to be due to goats' milk, though it prevails where goats are not, and in people who have never drunk their milk — is admitted to bear a highly suspicious resemblance to ordinary fat globules.

And so on throughout the whole list.

* Bacilli indistinguishable in size, form, and colouration by staining media from the tubercle-bacillus of Koch were found by Lydia Rabinowitsch (entrusted by Koch with the investigation) in every sample of butter purchased in Berlin and Philadelphia.

They produced tuberculosis when injected into the guinea-pig.

The only difference stated was that growth in cultures was quicker and more luxuriant. The fact is significant in reference to impending legislation on the milk traffic.

It may be noted that whenever a so-called "pathogenic" germ is closely mimicked in appearance by others against which no charge of morbific "lese-majeste" has been brought, and which are assumed to be harmless, the bacteriologist applies the epithet "pseudo" to the latter.

Thus we read of a "pseudo" Diphtheria-bacillus, a "pseudo" Typhoid- bacillus, and I know not how many more. The fact is significant as well as frequent; at once indicating the unreliability of current bacteriological tests.

Every practical surgeon or physician who himself works with the microscope — I fear there are not too many such — will admit the extreme danger of implicit reliance upon almost any microscopic test in the diagnosis of disease.

Too many fallacies in every direction have to be reckoned with. I can personally testify to the numerous perfectly needless operation for supposed Cancer which have been performed in past years upon organs perfectly free from that fell disease, through the erroneous interpretation of microscopic indications. And in these last, resort to high powers of the microscope, such as used in Bacteriology, and which must obviously vastly enhance the sources of error, is rarely needed.

The True Position of the Microbe with Respect to Disease

Conclusions: The Lancet of 20 March 1909, in a powerful editorial, confesses the inadequacy of the "Germ Theory", and practically throws it overboard as a scientific explanation of morbid phenomena.

It says:

> ***"It is not at all rare to fail to find the causal organism in an individual case of the disease... .***
>
> ***Many organisms which are considered causal are frequently to be found in healthy persons. The organisms of enteric-fever, of cholera, and of diphtheria, may be cited as examples. When a 'causal organism' is injected into an animal, often it happens that it gives rise to a disease bearing no resemblance to the original malady."***

No scientist has yet ascertained with precision what part in morbid phenomena germs really play.

The most plausible view is that advanced by Dr Granville Bantock in his admirable resume of the subject, to which, in compiling this article I have been greatly indebted (The Modern Doctrine of Bacteriology, 1902); that they simply act as scavengers, disintegrating the dead or diseased tissues into their component elements.

We only know for certain that their presence in any given malady is by no means invariable; that in numerous zymotic diseases many years of assiduous research have failed to detect a solitary trace of any germs whose absence must therefore be inferred; that such as have been found cannot be causal, and can never be made to reproduce the special disease, when inoculated into animals, apart from the "virus" associated inseparably with them.

The editor of The Lancet states in the article quoted above that "in many instances" — for which we should

read "never" — "the causal organism is not capable by itself of inducing the disease, and a 'tertium quid' must be assumed," even in the relatively few maladies which bacteriology has plausibly associated with a special germ.

There is always some unknown quantity beside this, **the microbe "per se" is not enough.**

That is the limit of our positive knowledge, which at present can deal with nothing beyond gross causes.

We see the zymotic fevers always engendered by some obvious septic condition, or else by some conspicuous breach of hygienic law.

We succeed in preventing them by sanitation, and by careful heed to the laws of nature.

In what element the contagion which most of them exhibit resides we are absolutely ignorant; nor do we know anything in minute detail, of their first origin.

But however fascinating the hypothesis that they somehow are caused by the infinitely small organisms which swarm everywhere around, we cannot legitimately avail ourselves of it, for the simple reason that science cannot show any even plausible foundation for it, in ascertained facts.

Experimentation in the laboratory and elsewhere with so-called "pure cultures" of micro-organisms, casts no light whatever upon their real nature and functions.

They are so infinitely small — many billions, or even trillions, to the cubic inch — that it is impossible ever to regard them as perfectly divested of the environment they have carried with them from the blood, or spinal fluid, or diseased tissues whence they were originally taken.

And even with that the inoculations never succeed in reproducing the original disease — the inoculated animal may become ill; but it invariably fails to afford convincing or even plausible proof that it suffers from Diphtheria, or Malta Fever, or Typhoid, or whatever the special fever in question may be.

Nevertheless, the bacteriologist always assumes that the specific disease is reproduced, and sets to work accordingly to invent a lucrative anti-toxin.

He entirely overlooks the abundant sources of fallacy, such as the decomposition of the culture-medium, the conveyance of virulent material as well as the specific microbe, the introduction directly into an animal's blood-current of a huge mass — billions or trillions — of bacterial elements, the abnormal and usually very unhealthy condition of the usually caged animal experimented upon, etc., etc.

All these points count in explanation of illness produced by such inoculations, and invalidate scientific inferences from the symptoms of the victims.

Daily the "Germ Theory" is being more and more pressed into the service of commercial enterprise on the false pretence of a warranty by Science which it has never received, and which in twenty years since Pasteur it has been unable to acquire.

It obsesses the faculty.

It has secured the indiscriminating approval of officials, often in very high places - Haffkine's Plague - vaccine owed its huge vogue very largely to the advocacy of Lord Curzon, though now a universally confessed failure.

The sale of the Diphtheria Antitoxin is being similarly "pushed" at home, though doctors had far better results before it was invented.

The American soldier is undergoing compulsory inoculation against Typhoid, to the huge pecuniary benefit of the serum manufacturers.

From the disastrous consequences shown in the preceding pages and many other of which space forbids even the mention, I would strenuously urge that it is time for the learned and the really scientific to reconsider their attitude on this matter and to look for some other explanation of morbid phenomena than that afforded by the supposed action of germs, with all the mischief that attitude has so far brought, and the vast increase of disease (as proved by Mr. Coleridge) in every single department wherein it has been adopted.

On the facts as they stand, we may reasonably cast the "Germ Theory" into the limbo where already rest so many

Crude Medical Fancies of the past, which autocratically dominated the thought and the practice of their day.

It is the bounden duty of the conscientious searcher for truth to free himself and his kind from a particularly baleful incubus to medicine and the whole Ars Medica." - Dr Herbert Snow, MD, London Cancer Hospital, in "The Journal of Osteopathy", April 1913.

This Undoes the Whole Medical Science and Proves it a Fraud

"One of the Most Important Investigations Ever Made, has just been completed by a great body of Scientists, "The Germ Theory of Disease", by Dr Herbert Snow, MD, London, Late Senior Surgeon (23 years Surgeon), Cancer Hospital.

And in his report Dr Herbert Snow, MD, says that Microbes Never Caused a Disease.

They Are Scavengers and Help You.

But That the Ignorant Are Kept Believing it so that: Vaccinations of All Kinds of Serums May Be Sold, As There Are Millions in it And That Vaccinations of Serum Increase the Death Rate, And in no Way Prevent Diseases

If That Is So, Who Killed Your Loved One?

It Is Far More Intelligent to Believe in Witches than Microbes.

This Undoes the Whole Medical Science and Proves it a Fraud Pure and Simple, and that it is not a science at all any more than witch-craft but does far more harm because the percent of deaths are so much greater from the poisons used as remedies.

This has given rise to the spread of all drugless sciences and beliefs as they save thousands of lives by teaching people to restrain from taking drugs and serums as their intemperate nature makes them strictly against the teachings of the Bible which has been the Basis of all True Sciences from the beginning of the world, and we have

only progressed when we come back to its teaching and it deals with every phase of life from the cradle to the grave.

Be temperate, be clean, be virtuous.

Daniel knew this and purposed in his heart he would not defile himself with the King's foods, nor drink of the King's wines.

And the cleanliness taught, forbids the injection of any poisonous serums into the human body. For if you come in contact with anyone who has any kind of an issue from the flesh, go bathe they self.

> ***"Go and wash in Jordan seven times, and thy flesh shall come again to thee, and thou shalt be clean."*** *- 2 Kings 5:10*

And is in perfect accord with the conclusions of these great Scientists.

That cleanliness is the draining of swamps, to keep their poisons from being inhaled into the system and isolating one's self from contagious persons lest the poison matter from them poison the same parts of your system and thus produce the same disease in you provided the nerve has already been weakened to that part by drugs, stimulants or excesses, so stagnant blood has been allowed to accumulate for the poison to settle in and produce the "virus evolved in the human organism" necessary to produce the disease which these scientists say produces the disease, and not the Bacillus.

And without these exhaustive conditions to an organ there is an absence of stagnant blood and that person can take no disease.

Hence you will notice the splendid continued health of people who take

Osteopathic Treatment and their immunity from disease and perfect control in the curing of all diseases.

Diphtheria, Scarlet fever, Lung fever, Appendicitis for the stagnant decaying blood, the real cause of all diseases are thrown out by freeing the exhausted nerve to that part, and the cause of the disease removed, the blood rebuild the part just as it did when it first made it and result is invariably a

cure, unless the patient has let it run so long before the Osteopath was called that the system was too weak to throw it out as in last stages of consumption and in cancers.

The ability of the Osteopaths to handle all diseases of eyes, ears, nose, throat, lungs, stomach, livers, appendix, kidneys, heart, asthmas, rheumatisms, spinal meningitis and all female and children's diseases, has been so thoroughly demonstrated by the handling of 8,000 cases here in El Paso, Texas with by far the largest percent of cures ever known.

That the most sceptical cannot help but be convinced if they will only go there and talk with those that were and are being cured and see for themselves and they will be satisfied that this great association of Scientists were right, and that **all diseases originate from within the human organism from the accumulation of stagnant, decaying blood making a receptacle for the poisons from without and that the remedy is all within yourself and is removed by restoring the circulation of the blood so it can carry out these impurities and build up the part again and you are whole**.

"For it is the life of all flesh; the blood of it. (Leviticus 17:14)." - in the "El Paso Herald", 3 May 1913.

Do Germs Cause Disease?

Part I

Conflicting Theories

"The germ-theory is that certain particular microorganisms — on the border-land between plant and animal — are responsible for diseases, a different germ for each disease.

The great scientist Alfred Russel Wallace wrote:

> *"Th e medical profession appear to hold the view that pathogenic or disease-producing microbes exist for the purpose of causing disease in otherwise healthy bodies to which they gain access — that they are, in fact, wholly evil. It is also claimed that the only safe guard against them is some kind of 'anti-toxin' with which every one must be inoculated to be saved from the danger of attack by some, or all, of the large number of such diseases which affect almost every organ and function of the body.*
> *This view seems to me to be fundamentally wrong, because it does not show us any use for such microbes in the scheme of life, and also because it does not recognize that a condition of health is the one and only protection we require against all kinds of disease; and that to put any product of disease whatever into the blood of a really healthy person, is to create a danger far greater than the disease itself."*

Bechamp's Theory

Now there is an alternative theory, which is that all these micro-organism s (which simply consist each of one cell) are the living remnants of dead bodies; that is, when they are not particles of living bodies.

Think of it.

According to this theory the air is peopled with the dust of all dead people and animals, even of the insects, that have lived on this earth.

When one thinks of the rapid multiplication of some forms of life, and their countless numbers, the intellect reels at the idea of all the dead bodies, the materials of which cannot leave the earth's atmosphere after the individual is what is called dead.

Of course, they get worked up into flesh forms; but still the air must be thick with them!

Dead bodies are not resolved into their constituent gases at the stroke of a wand.

All bodies are conglomerations of cells, and what more natural than that, when death releases them, these cells should wander off separately into the air, where they would persist for a time till the last atom were resolved into gas?

The most orthodox believer in germs will tell us that the air is everywhere peopled with them, except in the moteless atmosphere of high mountains, at the poles in certain seasons, and possibly in some of the greater deserts.

In other words, they are only absent where living creature s are absent.

Is not this a suggestion that living creatures are the creators of germs, for where there are no living creatures, and there only, there are no germs?

My point is, then, that these germs may be just the remnants of once living bodies or parts of actually living bodies

What the Microscope Shows

But when the microscope first revealed these tiny organisms, speculation became rife as to their purpose, and because some of them happened to be found in certain cases of disease, the conclusion was jumped to that they were the cause of the disease.

At that time it was not suspected that those very same germs could be found also in healthy persons.

If it had been known, probably the theory would never

have been propounded and accepted.

Men's feet once set in the rut, it was easier to make excuses for the failures than to give up the theory.

Most people believe that a case of diphtheria is quite easy to detect because it is swarming with diphtheria bacilli; that tuberculosis, anthrax, cholera, plague, and so on are quite easily diagnosed because the germ is always there in great abundance, and they actually believe that no other germ s are there.

If the case were really so simple, however, once microscopes were made strong enough to see the germs, there should have been no difficulty in deciding which was the particular one causing the particular disease.

And we know that in each disease numerous germ s have been claimed and believed in, and many disputes have arisen until one was fixed upon which commanded a pretty general acceptance.

This shows that in every case there is a large variety to choose from, and the association of each disease with its particular germ is by no means so common as has been taught.

Part II

How The Germ-Theorists Have Been Positive in Error

How is it that a number of trained observers can be quite certain that a particular germ causes a certain disease, and can persist in that belief for a number of years, and be very angry with anybody who ventures to doubt the connection — and yet, in time that germ can be discarded altogether as having no relation to the disease at all?

This has occurred in many cases.

At the first Royal Commission on Vivisection a great argument was brought forward on behalf of experiments on animals that through them we had learnt to identify the microbe of sheep-pox.

And as the vivisectors, in spite of all proof to the contrary

would lead one to suppose that when once you know the specific germ of a disease you can proceed to cure it straight away, the wonderful advantage that we possessed of "studying the contagion as the habits of a fern or moss can be studied" was hailed as if it were a cure for sheep-pox.

But though pictures were made of the germ, and reams written about its doings, it was eventually found, to quote Sir Stewart Stockman before the second Royal Commission, that "sheep-pox is not due to these organisms."

Failure of Vivisection.

Please observe — experiments on animals, the one thing that is said to prove the germ-theory, had been conducted wholesale in order to make the discovery.

These experiments, then, can "prove" what is false.

Again, there was Sanarelli's germ of yellow fever.

Mr. Stephen Paget, of the Research Defence Society, devoted pages of his classic defence of vivisection (the book entitled "Experiments on Animals") to this.

He even made the assertion that Sanarelli had submitted his serum —prepared, of course, through the agency of these germs — to "the utmost test that was possible!" And he added the usual kind of statistics with which we are so familiar.

Sanarelli's germ fulfilled all the experimental tests; it is the way of germ s to fulfil their discoverers' wishes for a time, until — an other becomes fashionable!

Then, apparently, they cease to fulfil them.

The upshot was that Mr. Paget expunged the whole of Sanarelli's triumphs (which were given in detail in the first editions) from his book. Once again, experiments on animals had "proved" what was not true.

And it is by experiments on animals alone that the germ-theory is established.

Again, there was a microbe, or bacterium, declared to be the cause of sleeping sickness.

It was guaranteed by a Portuguese Commission, and our Royal Society "confirmed" the discovery.

This — let us hope, in the interest at least of their loyalty to their own system — meant that they guaranteed that the

all-conclusive animal experiments had been carried out and had proved the cases.

Yet once again they had "proved" a mistake.

For now our scientific authorities are agreed that the origin of sleeping sickness is not a bacterium, but a trypanosome, or animal parasite.

The Royal Commission on Vivisection very wisely remarked that, in view of the numerous false claims that had been made, "there is need for caution in accepting a trypanosome as the cause."

But neither our medical men as a class, nor our medically inspired newspapers and magazines have accepted the hint.

I give these examples to show that the germ-theory cannot possibly be Science, because science is never at any time positive of that which is false.

It is error, not Science, that produces this phenomenon.

The Germ-Theory is regulated by certain tests.

The suspected germ must first be isolated from a case of the disease — that is, separated from all the other germs found in the body of the patient (except, of course, the "ultra microscopic" ones, often confidently asserted to produce such diseases as small-pox, but here conveniently forgotten!').

After colonies of this supposed isolated germ have been grown, they must be injected into an animal, and the animal must get the same disease.

That, it is said, would prove that the germ really was the germ that originally caused the disease.

It sounds so simple!

And it is because it is simple, so crude that a child can grasp it, that it is so easily and generally accepted by unthinking people, and those with a smattering of science.

Now it is quite clear, from the examples I have given, that these tests must often act in a contrary manner.

It is no use saying that the experimenters were to blame.

The tests were the same tests, and if the results varied, the experimenters may just as well have been wrong the second time as the first; and yet it has been accepted that the second tests upset the first.

Some Flaws in the Germ Theory

The last part of the test is one in which considerable imagination is needed, for an animal does not suffer identical diseases with a human being; there are always differences in the symptoms.

But arguing in a circle from his delightfully accommodating theory, the germ- theorist says that the animal has the disease because it has the germ.

First he puts the germ into the animal to see if it produces the disease, and then he says the animal has the disease because it has the germ.

If it has fever instead of sneezing — that is the animal's way of manifesting a cold.

If it has blood-poisoning instead of diphtheria — that is the animal's way of manifesting diphtheria.

The symptoms do not matter if the germ is there!

By this argument that "a disease is a germ and a germ a disease" anything can be proved.

And, as we have seen, its advocates have proved all sorts of errors.

Is it not clear that the fault is in the theory itself?

Koch laid down the following rules:

1) The germ should always be found in a case of the disease.

2) It should not be found apart from the disease.

3) It should be isolated from the body and cultivated in a test-tube.

4) It should then be injected into an animal and produce the same disease.

Postulates Which Break Down Every one of these postulates breaks down in practice.

This fact has been admitted by the editor of the Lancet, who wrote on 20 March 1909:

"It must be acknowledge that all these postulates are complied with very rarely indeed, if ever.

1. It is not at all rare to fail to find the causal organism in an individual case of the disease.

2. Again, many organisms which are considered to be causal are frequently to be found in healthy persons.

3. When a causal organism is injected into an animal, often it happens that it gives rise to a disease bearing no clinical resemblance to the original malady.

Thus we cannot rely upon Koch's postulates as a decisive test of a causal organism."

Thus the very foundation upon which the current Germ Theory is built, crumbles to atoms.

The editor of the Lancet was, no doubt, subjected to some expostulation for having thus frankly admitted the failure of an accepted orthodox creed, or he would hardly have written subsequently, in reply to Dr. Hadwen, in the Standard:

> *"The article from which the words are quoted was a speculative inquiry as to how far, while our knowledge of epidemiology rapidly increases, all new developments could he explained by Koch's postulates, and the general conclusion arrived at was that, with slight modifications, Koch's postulates hold good, speaking generally."*

The editor's effort to minimize the admission he had made, when compared with that admission itself, is surely a monument of weakness and ambiguity!

Absurdities of the Germ Theory

The "germ-carrier" theory has been simply invented in order to hide the failure of one of Koch's postulates.

The presence of these "dangerous" germs in perfectly healthy people, who persisted in not getting the disease they were supposed to cause, simply made the devotees of the theory invent the plea that the germs could be harboured by healthy people, while at the same time preserving their

dangerous character to everybody else.

Recklessly compiled histories of people have been built up on this theory, one of the most notable being the case of Mrs. Roberts, of Wrexham, who was said to have infected some pork pies she had never seen with the germs of a fever she had never had; a source of great merriment in that town.

The case of Mary Mallon, the unfortunate cook who has been imprisoned for years on an island in New York Harbor, affords another example of this crowning absurdity.

A culmination of folly was reached when our leading military doctors wrote to the papers the warning that our soldiers in the field would probably be in great danger of contracting typhoid — not by reason of the horrible condition of the trenches, with putrefaction all around , or because their water supply might be cut off, but because they might come into contact with a healthy germ-carrier!

Consider the amazing limitation of vision which could make this the paramount fear in war-time!

We must get rid of the idea that these hobby-riders, who have the ear of those in power, are too "scientific", too "eminent", altogether too imposing, to be criticised by the light of the ordinary man's plain common-sense among my acquaintance recently, there occurred a case of illness difficult to diagnose.

My friend said, "Is it a chill?"; "We don't have chills now, it must be a microbe", said the doctor.

What material these things would have provided for Moliere's pen!

But Moliere's successor has risen to the occasion.

George Bernard Shaw has finely satirised the germ theorists in his play, "The Doctor's Dilemma," the full humour of which will perhaps be better appreciated by the next generation.

Florence Nightingale was amongst those who stoutly refused to believe that germs are created to cause particular diseases.

Consequently, as her biographer, Sir E. T. Cook, relates, "she loathed and mocked at inoculation."

"There are no specific diseases", she was wont to say; "there are specific disease conditions."

She described how she had watched disease arising, without the possibility of infection, one disease passing into another, according to the conditions of the ward.

She regarded all diseases merely as a departure from the normal in the functioning of the body.

And now lets see how the germs themselves seem to corroborate that.

A short time ago Mme. Victor Henri, at the Pasteur Institute, was said to have made a great discovery.

Under violet rays she saw the germs turning into one another!

She took the rod-shaped anthrax bacillus, and it turned under treatment into an entirely different germ — a round coccus.

Injected into a guinea-pig, this original anthrax bacillus did not cause anthrax, but a disease which she said differed from anthrax in every respect. After this, how can any germ lie said to be specific of any given disease?

Not only can they change their shape, but also their character.

There had been hints of this before.

In the New York Journal, in 1912, Dr. Runge wrote that Dr. Roux, the director of the Pasteur Institute, had succeeded in experimentally decreasing and increasing the virulence of the "Klebs-Loifler bacillus," and that Von Hoffman had shown that what Dr Roux did purposely in altering the germs is often done by Nature.

He says:

> ***"The diphtheria bacillus is capable of relinquishing, spontaneously and completely, its most characteristic property, its infectiousness. This being the case, we are justified in assuming the possibility of the same bacillus changing spontaneously from a state of virulence into one of non-virulence."***

If the diphtheria germ is sometimes non-virulent and non-infectious, how can it be essentially a disease-producing organism, causing diphtheria which can exist without it?

The complications which would arise from this discovery have been pointed out by various writers.

A child has a sore throat, and we want to know if it is a case of diphtheria.

We get a scraping of the throat and send it off to be examined at the lab oratory; but on the journey the germ changes its properties.

When it arrives it is quite innocent, and the diagnosis "not diphtheria" is returned.

Or the case may be reversed.

What errors in treatment must result!

Ap art from this possibility of the germ changing, the practice of sending up squabs to be bacteriologically examined is always absurd.

It seems to be simply carried on as a matter of routine, because staffs are employed with nothing else to do.

Dr Carmalt Jones, of the Westminster Hospital (late of St. Mary's Hospital), wrote in the British Medical Journal, November 1913:

> ***"It is undoubtedly possible to send specimens of the same serum for examination to different laboratories, conducted by capable authorities, and to get different results from each of them."***

Anything more absurd and wasteful than to wait from 3 to 5 weeks to see if a guinea pig dies because it is injected with some germs which may be those of diphtheria or tuberculosis can hardly be imagined.

Is it not better to treat the patient at once according to the clinical symptoms?

But the germ-religion being established, its ritual must be carried on.

Major Horrocks, of the R.A.M.C., writing on 6 May 1911, to the British Medical Journal, said he thought the alleged cholera bacillus had no specific character, and "could easily be converted into other forms."

Pettenkofer thought that "specific virus of cholera does not arise from the common bacillus, but is evolved from the human organism."

A little more knowledge will probably prove that the same can be said of every germ.

As to dysentery, there is a quarrel as to which of two germs is the cause, so the doctrine (to quote an article in the Statesman, 26 September 1914's that "dysentery is really two distinct diseases.

One is due to an animal parasite, and another to a bacillus discovered in Japan in 1898 by Dr. Shiga."

The experimenters apparently adopted Solomon's plan of cutting the disputed baby in two.

Paratyphoid is said to be distinguished from typhoid only by the "difference in severity, and the type of the organism that causes it!" In spite of what is said about "severity" this disease frequently causes death.)

Seeing that its symptoms are identical with those of typhoid, the germ-theory here creates an altogether fictitious distinction.

In the Lancet of 31 October 1914, appears an article by Dr Gordon, who relates several cases of fatal tetanus in which the chief germ discovered seemed to be a different one from the usual "tetanus germ."

He lays stress on the importance of bruising, and of a "mixed infection" in the genesis of tetanus.

"There is reason for doubting if it is even now clearly realized how very important associated bacteria may be", we read.

That is a hard glow to the specific germ theory.

So also Sir Douglas Powell says the tubercle bacillus is more virulent when it is mixed with other germs.

In view of all this evidence, it seems remarkable that the specific character of each separate germ should be insisted upon.

Many years ago, simply because it was a universal custom to consume strong drink, and had been so for generations, it had never occurred to anybody to question its wholesomeness.

Doctors universally prescribed wine to build up the system; it never occurred to them that anything so taken for granted could be injurious.

Why did no medical critic of alcohol arise in the days when beer was consumed at breakfast instead of tea or coffee?

Simply because nobody had thought of inquiring into the matter.

Alcohol was accepted as a matter of course.

The earliest total abstainers were ridiculed, and it was considered seriously unsafe to insure their lives.

After they had persevered for some time, and it was found that they were quite healthy and long-lived, the doctors for the very first time began to look into the thing, and then there arose a formidable body of medical opinion as to the injurious effects of alcohol.

These injurious effects had always been there, but they had not been suspected because the spirit of inquiry concerning alcohol had never been awakened.

It may be noticed that it was the action of those who were disgusted at the excesses of conduct induced by alcohol that led to the scientific investigation of its properties.

First the moral revolt, then the scientific.

If alcohol had not led to excesses of conduct, the chances are that its injurious effects would not even now be suspected.

In the same way as the moral revolt against alcohol led to the scientific investigation of its claims, so the moral revolt against the cruel experiments which are the outcome of the germ theory of disease have led some anti-vivisectionists — and especially medical men, well qualified for the investigation — to inquire into the scientific justification of that theory.

Having had that spirit of critical inquiry awakened (which is not awakened in those persons outside the anti-

vivisection movement), they made discoveries as to flaws in the theory, which finally discredited it altogether in their eyes.

Summary of the Argument

A consideration of the evidence that has been adduced will lead to the following position:

1. Koch's postulates, which would prove the germ theory, have not been fulfilled.

2. There is accumulative proof that the germs are not immutable, but variable entities. Therefore, they cannot be fixed causes of disease.

It is the most moderate claim that an attitude of doubt, in the present state of our knowledge, is far more suitable than a blind belief in an easy, plausible theory for which the evidence breaks doyen when examined." - Beatrice E. Kidd, in "The Abolitionist", Secretary, British Union for Abolition of Vivisection, 1915.

"I do not deny that some diseases, like small-pox, are contagious (and also, in my belief, spontaneous, but ***I do assert that infection is grossly magnified to suit the germ theory. If all that germ theorist doctors preach were implicitly believed, they themselves would seen the to be greatest danger to the public existing, because they simply cannot escape contact with germs. In fact, if germs were dangerous as they allege, the race of doctors would soon be extinct."*** *- Beatrice E. Kidd, Secretary, British Union for Abolition of Vivisection, "Cambridge Daily News", 14 March 1919.*

The Germ Theory of Disease

"Some day I shall have a tombstone put over me and an inscription upon it. ***I want only one thing recorded on it, and that to the effect that he laboured to divert his profession from the blundering which has resulted from the performance of experiments on the sub-human groups of animal life****, in the hope that they would shed light on the aberrant physiology of the human groups.* ***Such experiments never have succeeded and never can, and they have, as in the case of Koch, Pasteur and Lister not only hindered true progress but have covered the profession with ridicule."***

In these words written to the "Medical Press and Circular", a few weeks before his death in June 1889, Professor Lawson Tait gave final expression to the faith that was in him with regard to the evil effect produced by the practice of experimentation on living animals upon the progress of the healing art and upon the reputation of the medical profession.

The aspect which called down upon it the condemnation of Professor Tait, in which were included not only the researches of Pasteur himself but those of Professor Robert Koch and the late Lord Lister.

It was out of the researches conducted within the bodies of living animals **by this trinity of investigators that there came forth the triple issue of the germ theory of disease, the modem methods of medication based upon that theory in which vaccines and sera are the principal therapeutic agents, and the antiseptic system of surgery.**

Dr Bantock was brought as a result of the correlation of his own observations and expediences with the results yielded by the researches of those who have studied the growth, habits, customs and transformations of bacteria in the normal processes of nature and in the biological laboratory.

Along these fines of research much valuable work has

been done, and, as Dr Bantock pointed out in his précis, it was long since discovered that in order to convert filth and dead organic matter into **harmless constituents, Nature employs micro-organisms as her indispensable agents.**

Thus in **the modem septic tank, it is the action of micro-organisms which dissolves sewage; it is their action which converts manurial matter into the saline constituents essential to plant life, and in the natural purification of filth polluted streams and in many other directions it is admitted that they play a beneficent part.**

Indeed we are told by a writer in Popular Science Siftings, that if it were not for bacteria the world might be piled up with dead plants and animals, and, he says, quoting Mr. R. L. Kahn, although it is well to emphasize the relation of bacteria to disease:

> ***"Their purpose seems to be not to cause disease and death, but life and health."***

Generally speaking, the conditions which give rise to the beginnings of disease are wrong thought and feeling, wrong diet, wrong social conditions, overwork and strain, impure living. These are the things which drain the vitality of the cells and cause them to break down, and the micro-organisms set free in the process of disintegration take up the devitalised, poisoned matter and change it into something less harmful to the blood.

Sometimes it may be the body is so badly poisoned and the cells break down so rapidly that the microbes are themselves poisoned in their efforts to disperse the products of disease and in these circumstances they may add to the amount of toxic matter within the body.

> *"Accumulation of poisons do the damage," says Dr. Bean, "not the accumulation of germs, and every effort should be made to do away with the accumulation of poisons. Measures that will prevent and do away with the accumulation of poisons are very different from those put forth to kill germs."*

The British Medical Journal of 17 October 1914, remarked:

"It is the fashion of modern times to attribute everything to microbes, but it is probable that the microbes would make little headway if the ordinary rules of hygiene were followed and the soil for their development kept in physiological condition."

Mention must be made of the significant admission of Sir James Goodhart, Bart., MD, LL.D., on 18 October 1912, in delivering to the Royal College of Physicians the Harveian Oration of that year.

In the course of his oration this eminent authority said:

"Pathology is still shifting. We have not yet reached finality.
Even bacteria are probably results and not causes."

Reference must be made also to the witness borne by Professor Dixon, F.R.S., in the year 1913, to the beneficent influence of the bacterial flora of the human intestinal tract.

"The body," he said, "depended on these extraneous organisms for the effectiveness of digestion."

Further, special attention must be drawn to the remarkable article by the medical correspondent of the Times, which appeared in the issue of 20 June 1920, in which in discussing "New Teaching in Medicine," he refers to "the bacteriological age which has just closed," and to the "revolution" in thought which is taking place in the medical schools.

He says:

"The bacteriological age, which has just closed, had as its motto
Stamp out bacteria and you will stamp out disease.
That doctrine was inculcated into the students of yesterday, and was accepted almost without a murmur.
The student of to-morrow will hear it, but only as an echo.
The truth is you cannot stamp out bacteria. They are

everywhere, in nose and throat, on skin and in bowels, in the lungs, it may be even in the blood. And — here is the point of revolution — for the most part they are harmless. In general, for there seem to be exceptions, bacteria will not of themselves cause disease. A third partner is needed. There must be a soil, there must be seed, but there must also be the unknown quantity or circumstance, which unites seed and soil to produce growth — i.e., disease."

Popular Science Siftings of 2 September 1919, in which the writer asserts that

"Medical theories concerning our commonest and most deadly germ diseases have been entirely upset. Independent investigations in various parts of the world have led to this conclusion. Medical science found the various kinds of bacteria swarming in the different germ diseases and had no doubt they were the cause of the trouble. Now science has shown that that view of the cause of disease is almost entirely wrong.
The old microbes were present in the disease, of course, but it has been found, we are assured, that they were comparatively Harmless, perhaps beneficial, because they ate up dead organic waste matter in the system. It had long been known that certain kinds of microbes were useful in cleaning up decaying matter in the outside world, but if is now proved that they perform the same duty within the human body."

Writing in the British Medical Journal, 16 January 1915, Dr McWalter declared:

"The more recent biological and microbic conceptions of disease lead to even more crude therapeutics. Disease being caused by the presence of a pathogenic organism the problem apparently was to kill the microbe. Hence there came an era of microbicidal treatment. It mostly ended in failure."

"There seems to be little doubt that almost all our meddlesome methods of medication do more harm than good." - Dr McWalter, MD, in "British Medical Journal", 12 June 1915.

In the British Medical Journal, 8 June 1912, states:

"It seems at first sight to be quite preposterous for anyone to assert that the work of Pasteur and Lister has in some respects had a retarding effect upon medical science, but that such is the case can, I think, be demonstrated beyond question."

"Matters pathological are thought about almost exclusively in terms of bacteria and bacterial diagnosis to the neglect of those methods of research which are based upon more universal factors."

Mr. Paget says that in days gone by medical men occupied themselves with "the constitutional personal aspect of a case of infective disease", which he considers they over-estimated.

He says that "they studied with infinite care and minuteness the weather, the environment, the family history, the previous illnesses of the patient — everything except the immediate cause of the trouble" — the immediate cause being, of course, the germ.

To such an extent, however, have these methods of research been banished by bacteriological methods that we have the danger to which the British Medical Journal has called attention, viz., the danger that too great concentration on laboratory findings may divert attention from the condition of the patient as a whole, and the additional danger created by the fact that:

"Some patients now have time to die or get well before a really scientific diagnosis is reached, and there is a greater chance than formerly for the patient to be forgotten in the pursuit of his disease." - British Medical Journal, 11 May 1918."

- in "The Herald Of The Star", 1923.

The Contagion Farce

"All Medical Authorities are Agreed, that the risk attending on entering a room in which there are cases of Infectious Disease is infinitesimally small to the healthy individual; and that even where a person actually assists in removing a patient sick of an infectious disorder to another apartment or to a conveyance.

While the risk is greater, it is in reality very small to the sound constitution.

As a rule, it is rare to find nurses affected who live for hours, and days at a time in the same atmosphere with the sick, and who at the same time make use of the simplest precautions.

It is still rarer to hear of medical men sickening of infectious diseases caught in their practice.

And is well known that medical men never, or very rarely, bring the infection of such diseases to their households.

For 25 years I have been engaged in active sanitary work, and have had, with very limited staff, to cope with serious outbreaks of Cholera, Small-pox, Fever, Scarlatina, Measles, and Hooping-cough.

And although I have during that period brought up a large family, I have never communicated any of these diseases to my children or dependents, nor am I aware that any of the numerous sanitary inspectors who have acted under me have ever contracted or communicated these diseases while in the public service.

To live in constant fear of infection is one of the surest methods of courting the risk of an attack.

It is a popular, and I believe a true, saying with regard to Cholera, that the fear of it kills more than the scourge itself.

This holds equally good for other forms of infection; and the Sanitary Inspector; to be an efficient public servant must be assured of this cardinal fact, that infectious germs of all kinds have no power of successfully attacking the healthy individual." - Dr Henry D. Littlejohn, MD, Medical Officer to the Scottish Board of Health, in "The Poor Law Magazine and Parochial Journal", 1880.

The Avian Influenza Virus Farce

"Centers for Disease Control and Prevention (CDC), Atlanta GA 30333, 5 May 2022

Dear Ms. Massey,

This letter is in response to your Centers for Disease Control and Prevention and Agency for Toxic Substances and Disease Registry (CDC/ATSDR) Freedom of Information Act (FOIA) request of 24 April 2022, for:

> *"All studies and/or reports in the possession, custody or control of the Centers for Disease Control and Prevention (CDC), and/or the Agency for Toxic Substances and Disease Registry (ATSDR), that describe anyone on Earth finding and purifying any "Avian Influenza Virus" directly from a sample (i.e. bodily fluid / tissue / excrement) taken from any diseased host (animal or human) where the sample taken from the host was not first combined with any other source of genetic material (i.e. a cell line; fetal bovine serum).*

Please note that I do not require and do not wont studies/reports where researchers failed to purify on alleged "virus" from the sample and instead:
- Cultured something, and/or
- Performed an amplification test (i.e. PCR}, and/or
- Fabricated a "genome"; and/or
- Produced electron microscopy images of unpurified things.

For further clarity, please note I am already aware that according to virus theory a "virus" requires host cells in order to replicate, and that a strict application of Koch's Postulates would not be possible even if theoretical "viruses" existed.
I do not require records describing the replication of on alleged "virus" without host cells, or strict fulfilment of Koch's Postulates, or a suspected "virus" floating in a vacuum, or private patient records.
I simply require records that describe purification (separation from everything else in the sample that was taken from the host, or per standard laboratory practices for the purification of other very small things).
I require any study/report matching the above details, authored by anyone, anywhere since the alleged discovery of this alleged "virus."
If any records match the above description of requested records and are currently available to the public elsewhere, please provide enough information about each record so that I may identify and access each one with certainty (i.e. title, author(s), date, journal, where the public may access it).
Please provide URLs where possible."

A search of our records failed to reveal any documents pertaining to your request.

Sincerely,
Roger Andoh, CDC/ATSDR FOIA Officer
Office of the Chief Operating Officer
(770) 488-6399, Fax: (404) 235-1852" - in Letter "#22-01384-FOIA", CDC, 5 May 2022.

Chapter 14

Some Observations and Reflections on the Theory of the Microbic Origin of Disease

"The history of medicine abounds in examples of curious and grotesque pathological doctrines.

It has been marked by epidemics of medical fashions and fads, as well as by epidemics of disease.

For more than 2000 years medical men have vied with one another in attempts to discover the cause of disease.

Countless theories have been devised, each for a time having had a following of those who accepted it as the thing to be desired.

It is a deplorable fact that many a fallacious theory has for a considerable time attained the reputation of a well-founded truth.

The history of medical theories has been a history of errors and blunders rather than one of discovery.

This statement applies with especial fitness to the history of so-called "regular," "rational" or "scientific" medicine, as its exponents are pleased to call it.

The closing decades of the nineteenth century are destined to become memorable in the annals of history for the rise and spread of the most delusive pathological doctrine that has ever been devised.

This doctrine, commonly known as the "germ theory," of disease, ascribes the cause of infectious diseases to the invasion of the body by, and the development therein of "pathogenic" micro-organisms, or "disease" germs.

For the last few decades the doctors of the self-styled "regular" school of medicine have been industriously inculcating this doctrine which postulates that most diseases

are of microbic origin and may be cured by the use of microbe-killers or germicides.

The adherents of this doctrine emphatically declare that the origin and development of all infectious diseases are certainly due to the growth and multiplication within our bodies of micro-organisms which have gained entrance thereto.

With an assurance born of enthusiasm the germists declare that bacteria not only cause disease, but also convey it from one person to another through the medium of the air we breathe, the water we drink and the food we eat.

The micro-organisms to which many diseases or morbid processes are alleged to owe their origin have been differentiated, isolated, cultivated, studied, described and pictured in vast numbers and great varieties.

The study of these minute organisms is called bacteriology.

The literature of this 'so-called "science" is prodigious, many elaborate works on the subject having been written and published.

Orthodox medical journals teem with lengthy dissertations on this fascinating subject which seems to have captivated the majority of medical men.

Every medical school and hospital has its professional bacteriologist who devotes himself almost exclusively to the study and cultivation of these supposed causes of disease, and to expounding to his classes the mysteries of this perplexing subject, the most striking features of which seem to be uncertainty, mutation and variability.

After all the learned researches and elaborate dissertations on this vexed subject, there appears to be no general agreement among bacteriologists respecting any particular phase of this pretended science.

I have been unable to observe any unanimity of opinion as to what bacteria are.

There seems to be no scientific definition or classification of these minute organisms.

There is no consensus of opinion as to what names they should receive.

They are called by many and various terms, such as disease-germs, bacilli, bacteria, microbes, etc.

There appears to be no general agreement among bacteriologists as to the real meaning of the above mentioned terms, which are based upon the morphological characters of these organisms which are subject to great variations.

Bacteriologists after all their "learned" researches and brilliant discoveries are not yet agreed as to whether these tiny creatures belong to the vegetable or the animal kingdom.

I have been unable to find any unanimity of opinion in the writings of those who contend for the pathogenic properties of these micro-organisms, as regards the precise role they play in the production of disease.

Some of the germists regard them as being distinctly and essentially disease-germs, each species being capable when implanted into the tissues of the body under favorable conditions, of bringing forth its peculiar disease, just as seeds implanted into the soil of the earth reproduce their respective plants.

Others contend that these bacteria cause disease by a sort of fermentation.

Still others, like Lister, in his Liverpool address, assert that:

> ***"The secretions of the bacteria possess poisonous qualities of astonishing intensity and cause disease by the toxic action of these secretions."***

The conclusions which Pasteur arrived at in his investigations were to the effect that:

> ***"Not the Bacteria but the Toxins produced thereby were the cause of disturbances in the human organism."***

So great is the confusion that reigns among the adherents of the "cult of the microbe" that the expectation that order will ever come out of such chaos seems well-nigh hopeless.

Bacterianism seems to be synonymous with variability.

Whereas, the earlier bacteriologists considered the microbe, per se, to be the "whole thing" in the causation of disease, and conceded nothing to predisposition or personal susceptibility, now the most radical hotspurs of the "cult of the microbe" maintain that nobody ever doubted the significance of external and internal influences.

This admission is in line with the same drastic shifting of attitude towards the fundamental problem as was ushered in by anti-microbic therapy with the transition from antisepsis to asepsis.

Is There Any Rigid Proof Available in Substantiation of the Claim That Micro-Organisms Are the Essential Etiological Factors in the Generation of Disease?

The presence of these tiny organisms in the lesions of a diseased body is not of itself sufficient evidence of their etiological relation.

It is admitted by orthodox bacteriologists that many cases of undoubted diphtheria, for instance have been met with in which not a single Klebs-Loeffler bacillus was found after careful and repeated examinations by competent investigators.

This circumstance, considered with the fact that "fully virulent" Klebs-Loeffler bacilli have been repeatedly discovered in the throats of large numbers of healthy children and adults who had not suffered from diphtheria and did not get it afterwards, makes it difficult for a logical mind to believe that the bacilli are the cause of this disease.

Bacteriologists now generally concede that the germ of tuberculosis is seldom found in a tuberculous patient during the first 3 months of the disease, and conclude, therefore, that the absence of the specific bacillus does not insure against the development of this disease.

A Hopeless Muddle

For instance, W. T. Councilman, MD, writer of the article on Tuberculosis in the last edition of the Reference Handbook of the Medical Sciences, defines tuberculosis as: "An infectious disease caused by the bacillus tuberculosis".

The statements throughout his article rest upon the unwarranted assumption that consumption owes its origin to the tubercle bacillus and that in the absence of this parasite tuberculosis can not occur.

In the Medical Record of 29 July 1905, p. 166, was printed a paper from the pen of Dr Henry P. Loomis, MD (New York), whose opportunities for investigating tuberculosis have been, perhaps, as extensive as those of any man in America, in which he says:

> *"The analyses all showed that three and one-third months were the average time that elapsed from the actual beginning of the disease, as estimated from the history of physical examination and the first time tubercle bacilli were found in the sputum.* ***The presence in the sputum of tubercle bacilli is not by any means an early development in my estimation."***

The logic of the germ-hypothesists is past all understanding.

In medical literature I find a number of recorded instances of the apparently healthy human body having been repeatedly inoculated hypodermically with pure cultures of the active bacillus typhosus, the supposed cause of typhoid fever.

The bacillus typhosus in cultures has also been injected into the rectum of the human body, and applied to large abraded areas from which the cuticle had been removed for the purpose of facilitating absorption, with no other effects than those usually resulting from the puncture of the hypodermic needle and the abrasion of the integument.

In like manner cultures of the "fully virulent" bacillus anthracis have been introduced into the tissues of the

healthy human organism — in every case without having produced any apparent morbid effect.

Into the apparently healthy human subject cultures of the so-called "virulent" Klebs-Loeffler bacilli have beeen inoculated without any apparent effect.

The bacilli have also been applied to the mucous membrane of the human fauces as well as to abrasions of the skin without having been followed by any appreciable effect.

There are also recorded instances in which it is stated that the tubercle bacilli in pure cultures have been repeatedly introduced into the body of the human subject by the various methods above mentioned without apparent effect.

Dried tuberculous sputum, which is regarded by the germ-theorists as the common vehicle of infection, has been introduced by insufflation into the lungs of the human body, and always with negative results.

It is stated that the sputum used in these experiments was procured by a competent bacteriologist from a patient dying of phthisis pulmonalis, carefully desiccated and ten grains of the dried sputum taken by direct insufflation into the lungs.

In all these experiments with the various "pathogenetic" bacilli not a single instance has been recorded of any disease whatsoever having thus been induced.

In the light of these experiments it would seem to be apparent that the germ-hypothesis of disease is a snare and a delusion.

Metchnikoff also says:

"The bacilli of typhoid fever have been found in inhabited localities where typhoid fever has never been known to occur."

These statements have been corroborated by many other bacteriologists and disputed by none.

Bacteriophobia and Health-Board Folly

By means of false premises and erroneous deductions the bacteriologists have established, in opposition to all reason and common sense, the dogma that all infections diseases are due to bacteria, and that all diseases in the lesions of which so-called "pathogenic" bacteria are found are infectious diseases.

This unsubstantiated teaching has unfortunately become so popular that it is a matter of common comment in the daily press, and the gullible public are driven to a morbid bacteriophobia lest some microbe alight upon them and set up disease.

The bacteriophobists who scent the bacillus everywhere tell us that we are constantly surrounded and menaced by these insidious foes; that the air we breathe, the food we eat, the water we drink, and the clothes we wear all swarm with these invisible enemies ever ready to assault us.

By this pernicious teaching the credulous public are led to believe themselves the defenseless prey of unseen enemies which constantly surround and threaten them.

On the baseless assumption that bacteria are the sole cause of disease many silly, obnoxious and oppressive health-board measures have been inflicted upon the public, and many laws antagonistic to public health and personal liberty have been passed by legislative incompetents at the instigation of medical factions.

I here recount a few of the many farcical and nonsensical proposals and recommendations that have from time to time been seriously advocated by the adherents of the absurd hypothesis called the "germ-theory."

It has been proposed and recommended that the hundreds of thousands of consumptives in the United States be removed from their homes and segregated in State sanitoria: that pest-houses for consumptives be established to which these unfortunates shall be transferred (by force if necessary), and that everybody and everything in the remotest degree related to consumption be placed under Health Board surveillance.

Many such preposterous measures formulated by Health-Boards, coupled with their hysterical declamations about the communicability of tuberculosis, have put consumptives before the public in the attitude of criminals, besides inflicting upon, this class of patients many other genuine hardships.

It has been recommended that all domestics be examined by official inspectors before being admitted into a household;

that all school pupils have their throats officially inspected every morning before entering school;

that all the children in our public schools be injected at stated intervals with antitoxin in order to immunize them against diphtheria;

that it is dangerous for even a healthy person to spit upon the side-walks;

that it is not safe for men to wear whiskers;

that it is dangerous to frequent the town post-office or the court-room unless these are daily disinfected;

that it is not safe to enter a department store, a theatre or a trolley car that is not daily fumigated;

that it is dangerous to receive letters written by a consumptive, or handled by consumptive clerks or carriers;

that it is not safe to use plates, cups, knives, forks, or spoons in restaurants or hotels because the simple rinsing of these articles in boiling water is not sufficient to kill the microbes;

that it is not safe to drink water which has not been sterilized;

that it is unsafe to eat vegetables that have not been washed in sterilized water;

that it is dangerous to eat the flesh of the bovine species until it has been cooked sufficiently to destroy the tubercle bacilli;

that for the same reason it is dangerous to eat butter, cheese, cream or milk that has not been Pasteurized." - Dr J. W. Hodge, MD, New York, in "Medical Century", March 1906.

Zoonotic Diseases "Caused" by Germs that Spread Between Animals and People Farce

*"**Zoonotic diseases** (also known as zoonoses) **are caused by germs that spread between animals and people.**" - in "Zoonotic Diseases", Centers for Disease Control and Prevention (CDC), National Center for Emerging and Zoonotic Infectious Diseases (NCEZID), 1 July 2021.*

"Key facts:

A zoonosis is any disease or infection that is naturally transmissible from vertebrate animals to humans

There are over 200 known types of zoonoses

Zoonoses comprise a large percentage of new and existing **diseases in humans**

Some **zoonoses, such as rabies, are 100% preventable through vaccination and other methods**

A zoonosis is an infectious disease that has jumped from a non-human animal to humans.

Zoonotic pathogens may be bacterial, viral or parasitic, or may involve unconventional agents and can spread to humans through direct contact or through food, water or the environment.

They represent a major public health problem around the world due to our close relationship with animals in agriculture, as companions and in the natural environment.

Zoonoses **can also cause disruptions in the production and trade of animal products for food** and other uses.

Zoonoses comprise a large percentage of all newly identified infectious diseases as well as many existing ones.

Some diseases, such as HIV, begin as a zoonosis but later mutate into human-only strains.

Other zoonoses can cause recurring disease outbreaks, such as Ebola virus disease and salmonellosis.

Still others, such as the novel coronavirus that causes COVID-19, have the potential to cause global pandemics." - in "Zoonoses", World Health Organization, UN, 29 July 2020.

"This last warning is given by the bacteriophobists notwithstanding **the fact that Koch, emphatically declared in 1901, after a thorough investigation, that the bacillus of bovine tuberculosis is a specific variety which does not produce human tuberculosis.**

Koch further announced that the bacillus of human tuberculosis does not cause tuberculosis in cattle.

From American Medicine, 31 December 1904, I quote the following:

> *"Recent news from Berlin states that the Imperial Commission appointed by the government to investigate Bovine and Human Tuberculosis.*
>
> ***Reports that investigation shows that Bovine and Human Bacilli are Absolutely Distinct, Biologically, and that one never changes, nor develops into the other."***

M. Rich, a French physician, in an article which appeared in "Modern Medicine," stated that he found 175,000 microbes in a cubic centimetre of ice, and recommended, therefore, that no ice be used until it has been thoroughly boiled.

Notwithstanding all this bacteriophobic excitement, lovers who remain true to the eternal laws of nature and ignore the changing postulates of medical theorists do not appear to be more frequently the victims of so-called germ-diseases than are the rest of mankind.

It now remains for some germ-crazed enthusiast to make the startling discovery that this germ infected planet is no fit abode for human beings who would better make haste in

"getting off the earth" than to remain here in constant dread and danger of being pounced upon by the ever-present disease germ.

All the above-mentioned recommendations and many more equally absurd and senseless have been seriously advocated in medical journals, orthodox medical works, and in treatises on bacteriology.

It has also been urged from the same quarters that for the purpose of carrying out these various recommendations a special corps of salaried medical directors, inspectors, assistant inspectors, fumigators and disinfectors be appointed by the health boards and paid by the people.

One has only to note the patent fact that physicians and the members of their families are not by any means more frequently attacked by infectious diseases than are other individuals, who have nothing whatever to do with infectious maladies.

Has the Discovery of the So-Called "Pathogenic' Bacteria and the Employment of Anti-Microbic Measures Been of Any Appreciable or Demonstrable Value in the Prevention or the Cure of So-Called Parasitic Diseases?

When Koch, in 1882 announced his wonderful discovery of the tubercle bacillus, and shortly thereafter introduced his wonder-cure (the tuberculin treatment), great were the hopes entertained that "the white plague" was soon to be banished from the earth.

But, alas, for medical theories and human prescience! What was proclaimed as the saviour proved to be the destroyer.

Tuberculin and all its modifications were found to be worse than useless to the phthisical patients on whom it was employed.

It was for a time, however, a great bonanza for the proprietor and purveyor of this high priced nostrum which at first commanded exhorbitant prices. Similar failures followed the use of all the antitoxic serums and antiseptic injection-preparations for the treatment of tuberculosis.

One after another was tried upon the sick with such positively baneful results that they had to be discarded.

Medicated inhalants, creosote, guaiacol, id genus omne, as well as scores of other nauseating "antiseptic" and "germicidal" remedies based on the theory of the bacillary origin of disease, have been tried upon the sick with injurious effects.

All the "specifics" and "sure cures" for consumption have one after another been relegated to the vast heap of forgotten baubles that in their day had also been mistaken for verities.

During the last 2 decades Billions of Dollars of the People's Money have been expended by our government in waging a relentless warfare against the invincible microbe, **and in carrying out absurd Health-Board measures based on the germ-theory**, for the prevention of this disease.

What has been the result of all this anti-microbic activity?

Has tuberculosis, pneumonia, typhoid fever or any other disease been "stamped out" or mitigated by this germicidal crusade?

Today after the lapse of nearly a quarter of a century since the discovery of the tubercle bacillus (the supposed cause of consumption), and after the assiduous employment of anti-microbic therapy and the use of prophylactic measures based on this "discovery," what do we find? Tuberculosis is still the greatest scourge of) the human race.

Many physicians, even among the unsuspecting adherents of the microbian doctrine, share these same views.

From the November (1905; issue of the "Medical Times" a staunch adherent of the "germ-theory" of disease I quote the following extract from an editorial on "The Trend of Modern Phthisiotherapy":

> *"It is indeed an odd phase of medicine that the specific cause of consumption having been so brilliantly discovered,* ***no means designed essentially for its destruction and elimination has been successful.***

Nay, worse than this, it is now generally agreed that such therapeusis has been actually baneful."

At the present writing I believe I am safe in stating that the consensus of opinion among the ablest exponents of old school therapy is that drugs of all kinds are worse than useless in the treatment of consumptives.

One allopathic authority whom I have already quoted goes so far as to declare that in his opinion not a case of consumption has ever been cured by any drug in the Materia Medica.

Disease Is Not Amenable to Drug Treatment

Cyrus L. Topliff, member of the "National Association for the Study and Prevention of Tuberculosis," in speaking of consumption, says:

"After several generations of study and experimentation the medical profession, of the entire world has finally come to the conclusion that this ***disease is not amenable to drug treatment."***

It is a sad commentary on the medical profession that notwithstanding the fact conceded by the ablest physicians of the old school that their drug-treatment of tuberculous patients is worse than useless, still the rank and file of allopathic practitioners go right on drugging, secundum artem, the unfortunate victims of this disease.

It is now generally agreed among the ablest practitioners and teachers of the old school that the only hope of salvation for the tuberculous patient is to be found in the remedies of old renown, viz;

Fresh Air,
Sunshine,
Nutritious Food,
Out-of-door life.

Pneumonia

Let us next turn to pneumonia.

Professor William Osler answer this question. "Pneumonia is a self-limited disease, which can neither be aborted nor cut short by any known means at our command. Even under the most unfavorable circumstances it may terminate abruptly and naturally without a dose of medicine having been administered.'' (Practice of Medicine (fifth edition), by Wm. Osler, p. 134.)

"Many trials have been made of the curative value of anti-pneumococcic serum in the treatment of pneumonia. Thus far it has not been shown that the serum influences in any marked degree the course of the disease in man." (Practice of Medicine, pp. 113-114.)

"The Pneumonia Commission", whose proceedings were published by the Rockefeller Institute, have not resulted in any positive progress.

The best that can be gleaned from their report is of a negative character.

The Medical Standard has summed up the results of their efforts in the following statements:

1. The diplococcus lanceolatus was found in indiscriminate frequency and numbers in the secretions of healthy and pneumonious subjects
2. Several varieties of the germ were located, of which it was impossible to differentiate any special one as the pathogenetic organism of pneumonia.
3. The inoculation of the various species of lanceolatus into healthy animals furnished no sufficiently constant results upon which to base a principle of micro-organic etiology.

From an article by Geo. B. H. Swavze, MD of Philadelphia, Pa., which appeared in the Medical Times for October 1905, I take the following extract:

"Through the courtesy of the chief medical inspector I obtained these relevant official statistics. ***In Philadelphia for the 6 years immediately preceding the adoption of this rigid bacterian repression by the local board of health, the average deaths from diphtheria were 490 annually. For the equivalent 6 years immediately following when these germicidal tactics were pressed into official vogue the deaths from diphtheria in Philadelphia numbered the significant average of 1,070 annually."*** *"Such," adds Dr Swayze, "is an authentic demonstration of the futility of fighting the helpless bacillus."*

The treatment of diphtheria by the anti-diphtheritic serum, he tells us, has been pushed in Philadelphia for all it is worth by the combined forces of the agents of the local board of health, by gratuitous distribution of serum, by the potential enginery of professional obeisance and by public fear.

What has all this costly warfare waged against the helpless microbe amounted to in the prevention or the cure of disease, and what good has come of all this meddlesome official interference with the rights and liberties of the people?

Has consumption, diphtheria, pneumonia, scarlet fever, typhoid fever or any other disease been "stamped out" by these germicidal crusades?

Let a distinguished and scholarly adherent of the germ-theory answer.

Prof. O. Rosenbach, MD of Berlin, an eminent old school clinician and teacher of wide experience, says:

"In my opinion, neither by quarantine measures, nor by antiseptic deeds, nor by bacillary investigations are we able to prevent either the outbreak or the spread of any malady." *(Physician vs. Bacteriologist, 1905. by O. Rosenbach, p. 220.)*

Any person who has a modicum of common sense in his make-up can readily perceive that if the ubiquitous microbe

infests the world in such vast numbers as the bacteriologists allege, it is wholly impracticable and utterly impossible to materially diminish the risk of encountering them and utterly hopeless to attempt to escape them by concerted efforts at their destruction.

The present status of the "germ-theory" may be briefly summed up in the following words of one of its ablest exponents:

> ***"Microbes are always found where there is disease. They are also found where there is no appreciable disease, and may be the result and not the cause of disease."***

The above quotation is from an address delivered by Dr. Rudolph Virchow at the thirteenth triennial session of the International Medical Congress held in Paris in 1903 Virchow's candor and honesty deserve the admiration and respect of every lover of truth.

Medical Delusions, Past and Present

Medicine, like millinery, has its fashions and fads.

The practices of one generation of doctors become the laughing stock of the next.

About 100 years ago it was the prevailing fad with the self-styled "scientific" doctors popularly known, as allopaths to inoculate into the bodies of well people the contagion of small-pox under the pretext of "stamping out" small-pox.

The wholesale inoculation of healthy communities with the infectious matter of small-pox was at that time recommended and practiced just as vaccination is to-day.

This ruinous custom rested on the preposterous theory that small-pox could be eradicated by disseminating its contagion among the people.

At the time of its introduction variolous inoculation was hailed by the doctors of the "regular" school as the greatest and grandest of medical discoveries, and the encomiums lavished upon it equalled those that have since been

bestowed upon vaccination.

While in vogue, small-pox inoculation was always spoken of by orthodox medical teachers and writers as "one of the best attested facts in medical science."

In 1754 this loathsome rite was authoritatively sanctioned by the Royal College of Physicians (allopaths), who pronounced it "highly salutary to the human race."

In spite of the frightful havoc wrought by variolous inoculation, this disastrous delusion continued to flourish for more than 150 years.

Probably more than all other things combined this practice contributed to keep small-pox alive by constantly disseminating its infection among the people.

Viewed in the light of our present knowledge, small-pox inoculation is seen to be a disastrous delusion.

Instead of being the "entirely harmless and beneficent invention" that it was claimed to be in 1721, it was found to be so pernicious a practice and so destructive of public health as to be branded a crime in 1840, when it was found necessary for a British Parliament to make it a penal offense.

Alas, for medical theories and human prescience!

What had been proclaimed as the savior proved to be the destroyer.

Under the sway of this disastrous rite hecatombs of human victims were sacrificed on the bloody altar of this medical Moloch.

We smile with pity at **the credulity and ignorance of those who were led to believe in such glaring absurdities, but it is no laughing matter when unwilling parents are urged by Health Board Officials, and almost forced by law, to submit their healthy children to the assaults of the official vaccinators** who are willing to pollute their pure blood with the poisonous matter from a sore on a diseased beast.

It is indeed a deplorable state of affairs when a mere hypothesis is forced into the position of a dogma, adopted as infallible, and made to dominate the actions of daily life, and especially when men of learning become partisans of erroneous teaching, lose their common sense judgment and

act in obedience to some ancient authority.

No doubt many of the Century's readers remember the craze which swept over the medical profession when Lister announced his views on the presence of disease-germs in the air, and his elaborate plan for their extermination by means of his famous carbolic spray.

I need hardly remind my readers that Lister's views and practice were received with acclamation and adopted with enthusiasm in almost every part of the world.

In Austria, Germany and Russia medical men and midwives were criminally prosecuted for neglecting to use Listerian antiseptics in their practice. Lister received the most fulsome adulation from every quarter. Through the fame acquired by his ridiculous proposal to get rid of imaginary disease germs in the air by means of his carbolic spray machine he was made a peer.

The English Government. wishing to do honor to the medical profession, could think of no worthier recipient of a peerage than the discredited author of a ridiculous and injurious plan for killing disease-germs.

It is needless to state that Lister's carbolic spray machine together with all its accessories has long since been discredited and discarded by the entire medical profession.

Listerian antiseptics rested on the absurd hypothesis that the air contained the germs which were the most active and pernicious in producing disease.

This theory proved to be as empty as a soap bubble. It is now conceded by the germ faddists themselves that air contact is the least to be feared of all.

Thus do the medical fads of one generation of "scientific" doctors become the laughing stock of the next.

From the Lancet (London) of 24 February 1900, I quote the following:

> *"Until 50 or 60 years ago disease was regarded as an entity distinct from the body, to be expelled from it by drugs, whereas we how regard it as a state affecting the entire man."*

If I may be permitted to prophesy, I venture the prediction that the "germ-theory" of disease will in due time follow the long procession of medical blunders into the limbo of exploded pathological doctrines." - Dr J. W. Hodge, MD, New York, in "Medical Century", March 1906.

The Immunisation of the Masses

"The Immunisation of the Masses has been undertaken with almost a religious fervour.

The enthusiast rarely stopped to wonder, where it would all finish, or whether the fulsome promises made to the public in the form of "Propaganda" would ever be honoured.

Without propaganda, there can, of course, be no large-scale immunisation.

But how perilous it is to mix up propaganda with scientific fact.

If we baldly (in plain or basic language), told the whole truth it is doubtful whether the public would submit to immunization.

Accidents and mistakes must inevitably happen, and when they take place what might have been a highly instructive lesson is usually suppressed or distorted out of recognition.

Those who have had to take detailed notice of the immunisation accidents of the past few years, know that to get the truth of what really went wrong generally calls for the resources of something like the secret service." - Dr Charles Cyril Okell, MD, Past Professor of Bacteriology, University College Hospital, London, Editor of The Journal of Hygiene, in "From a Bacteriological Back-Number", The Lancet, 1 January 1939.

"Charles Cyril Okell, attained an outstanding position in his particular field of science and exerted an influence that spread far beyond it.

In 1921 he joined the staff of the Wellcome Physiological Research Laboratories, where he worked for nearly 10 years.

In 1921 he took his bachelor's degrees in Medicine at Cambridge and membership of the Royal College of Physicians in 1932.

He was equally attracted by the practical application of the reagents he helped to prepare and standardise in the prevention and treatment of disease.

He never fell into the error of regarding the walls of the laboratory as the natural boundaries of medical science or of believing that the general principles that applied within them were inapplicable in the world outside.

It appeared to him merely stupid to take great care to determine the effect of immunological reagents on experimental animals without taking equal care to measure their prophylactic or therapeutic effect in man." - in "Charles Cyril Okell", The Journal of Pathology, 1939.

"The Journal of Hygiene has sustained a grievous loss by the death on 8 February of its editor, Dr Charles Cyril Okell.

When it became necessary to appoint a successor to the late Prof. G. H. F. Nuttall at the end of 1937, it was apparent to all who knew him that Okell was pre-eminently suited for the post.

He had wide knowledge and experience of many aspects of preventive medicine, to the science of which he had himself made notable contributions.

He had also a retentive memory and a fluent pen, and his leanings towards journalism, which found little scope during the early stages of his medical career, reasserted themselves towards its close.

From 1930 onwards he gave much of his spare time to reviewing bacteriological literature, and from 1932 to 1937 he acted as assistant editor of the Journal of Pathology and Bacteriology.

In the autumn of 1937 he had to retire from his Chair of Bacteriology in the University of London because of a distressing and crippling polyarthritis, but the malady appeared to have become quiescent, leaving him weak in body but with his brilliant intellectual faculties unimpaired.

His many friends had hoped that the destiny of this Journal would be under his tutelage for many years. Unfortunately his term of office was ended all too soon.

Okell took the M.B., B.Chir. Cambridge, and obtained the M.R.C.P., London, in 1921 and the D.P.H., London, in 1923.

Later he extended his knowledge of tropical diseases, and obtained the D.T.M. and H. in 1930.

In 1921 he joined the staff of the Wellcome Physiological Research Laboratories as assistant bacteriologist under the late A. J. Eagleton, and from 1923 to 1930 was head of the bacteriological department.

During this period he had extensive experience of research in bacteriology and allied subjects and of the application of the results of laboratory investigations to field work in preventive medicine.

He had exceptional opportunities for studying the various directions in which the bacteriologist and the public health officer or fever hospital physician could be mutually helpful both in research and routine.

Between 1921 and 1930 Okell made a number of contributions, either alone or in collaboration with others, to the bacteriology and immunology of diphtheria, scarlet fever, and other streptococcal infections, tuberculosis, leptospiral jaundice, bacillary dysentery and other diseases.

He was closely associated with some of the earliest work in the British Isles on modern methods of prevention of diphtheria.

He had extensive experience of the Schick test and active immunization, and described a new method, which involved the use of the Schick test, for controlling an outbreak of diphtheria. The newer forms of diphtheria prophylactic [Toxoid (1924), Toxoid-Antitoxin-Floccules (1926), and Alum Precipitated Toxoid (1930)] were in the first instance either tested by him or with his collaboration.

He also studied the Ramon flocculation test, the intradermal virulence test in the guinea-pig, and the relationship between virulent and avirulent diphtheria bacilli.

Okell was also associated with the introduction into this country of the Dick test and active immunization against scarlet fever.

The first Dick test in England was made on his forearm.

The toxin he had prepared was a potent one, and produced a large reaction with "pseudopodia" and red lines along the lymphatic channels of his arm.

He investigated the nature of dysentery (Shiga) toxin and the titration of the antitoxin and made them the subjects of useful papers." - in "The Journal of Hygiene", May 1939.

Chapter 15

In the Field of Global Health We've Found that the Rockefellers were Already There And Had Been There for Years

"Dad, the next time somebody asks you if you're the real Bill Gates, I hope you say, "Yes."
I hope you tell them that you're all the things the other one strives to be." *- Bill Gates Jr, in "Showing Up for Life Thoughts on the Gifts of a Lifetime", 2009.*

"Inspired by the Rockefeller Foundation's success.

In my studies, I learned that it was John D. Rockefeller's son — John D., Jr. —who took over the task of giving away his father's money.

And I wondered if I was the only dad in philanthropic history charged with giving away his son's money.

The Rockefellers have done so many things.

Every corner we've turned in the field of Global Health, we've found that the Rockefellers were already there and had been there for years.

When we committed to childhood immunization we found ourselves building on efforts the Rockefeller Foundation had helped launch and fund in the 1980s.

When we became interested in fighting malaria and tuberculosis, **we learned that the Rockefellers had been studying the prevention and treatment of such diseases around the globe for, in some cases, as long as a hundred years.**

A similar dynamic held true in the case of HIV/AIDS.

A lesson we learned from studying and working with the Rockefellers is that to succeed in pursuing audacious goals you need like-minded partners with whom to collaborate.

And we learned that such goals are not prizes claimed by the short-winded.

The Rockefellers stay with tough problems for generations." - Bill Gates Sr., in "Showing Up for Life Thoughts on the Gifts of a Lifetime", 2009.

"In the USA, the National Institutes of Health (NIH) has an annual budget of approximately USD $30 Billion and influences Biomedical research extensively by setting funding priorities.

More recently, the US Federal Government's funding allocations through the NIH have been influenced by Private Foundations, shifting their focus and resources towards addressing the problems of Global Health.

Most notable of these Foundations has been the Bill & Melinda Gates Foundation, which was set up in 2000.

The BMGF donates the Grand Challenges in Global Health (GCGH) funds to the Foundation at the National Institutes of Health (USA), which manages the research projects.

The FNIH is a non-profit organization established by the US Congress in 1996 **to promote collaboration between Non-Profit Charities, Industry and Academia,** "to support the NIH mission of improving health through scientific discovery".

Other partners include the Wellcome Trust (UK), the Canadian Institutes of Health Research (Canada).

Although the FNIH manages and administers the grants, the GCGH scientific board oversees and selects the projects to be funded.

The board is led by Nobel laureate Harold Varmus — President of the Sloan–Kettering Cancer Center (New York) and former director of the NIH — and consists of 20 leading scientists from Industry, Academia, Philanthropic Organizations and Government with expertize in Biomedical Research." - in "The grand impact of the Gates Foundation, $60 Billion dollars and one famous person can affect the spending and research focus of public agencies", EMBO Reports, May 2008.

Institute for Disease Modeling - 2008

"Institute for Disease Modeling (IDM) is an institute within the Global Health Division of the Bill and Melinda Gates Foundation.

Established in 2008 as part of the Global Good Fund, a non-profit subsidiary of Intellectual Ventures (IV) **funded by Bill and Melinda Gates, IDM has transitioned in mid-2020 to the Gates Foundation.**

IDM specializes in mathematical modelling of infectious disease and other quantitative global health research.

Its models include malaria, polio, measles, COVID-19 and HIV (with EMOD).

IDM releases source code of their stable models to the public.

While at IV, the institute was located in Bellevue, Washington.

After the outbreak of COVID-19 in Washington State, IDM has transitioned to all-remote work with no physical offices.

Disease Modeling Software

EMOD is the group's individual-based disease modeling software initially coded c. 2005.

It has been released to the public as open-source software.

The software can model malaria, HIV, tuberculosis, measles, dengue, polio and typhoid.

In 2020, IDM developed a designated COVID-19 agent-based model named "Covasim."

It was used initially to advise on decision-making during the COVID-19 pandemic in Oregon and in Washington State, gaining national attention.

Covasim, coded in Python, is open-source and has been used by independent researchers around the world." - in "Wikipedia", 28 July 2023.

Why Focus on Disease Modeling?

"We apply a variety of data modeling and statistical approaches to guide and inform disease eradication programs **and other global health endeavors.**

We create open-source disease modeling tools to freely share with the global research community.

We collaborate with universities, nongovernmental organizations (NGOs), government ministries, and other research and public health institutions to find new ways to understand and combat diseases.

The Institute for Disease Modeling (IDM) focus began with malaria eradication and has expanded to include multiple diseases, health care programs, and associated systems that are priorities of the foundation.

Our advancements in modeling provide powerful, state-of-the-art guidance and information for public health workers and institutions around the world.

To achieve our goals, we develop deep expertise in the topics we work on and we develop customized high-fidelity and high-performance computer models.

Our dedicated software team develops the tools researchers at IDM and our collaborating institutions need to answer policy questions, inform investments, and achieve our long-term research goals.

These tools are flexible, fast, and robust.

One example is our Epidemiological MODeling (EMOD) software platform, which enables large-scale agent-based models to run on cloud services, on-premise devices, and supercomputers." - in "Institute for Disease Modeling", Bill & Melinda Gates Foundation, 28 July 2023.

Academics Have Coined A Term in Global Health: "The Bill Chill" - 2017

"The billionaire was the first private individual to keynote WHO's General Assembly of member Countries, and Academics have coined a term **for his sway in Global Health: "The Bill Chill."**

"**He is treated like a Head of State, not only at the World Health Organization (WHO), but also at the G20."** - Geneva based NGO representative calling Gates one of the most influential men in Global Health

> ***"All of the (WHO) candidates are going to have to ally with him in some way. You can't ignore him."*** *- Sophie Harman, Professor of International Politics, Queen Mary University, London.*

Few people dare to openly criticize what he does.

Most of 16 people interviewed on the topic would only do so on the condition of anonymity." - in "Meet the world's most powerful doctor: Bill Gates", 4 May 2017.

> ***"For thy merchants were the great men of the earth; for by thy sorceries were all nations deceived."*** *- Revelation 18:23*

The Bill & Melinda Gates Foundation & The Bill & Melinda Gates Foundation Trust

"In October 2006, **our Trustees created a 2 entity structure.**

1. Bill & Melinda Gates Foundation
The Bill & Melinda Gates Foundation, distributes money to grantees.

2. Bill & Melinda Gates Foundation Trust
The Bill & Melinda Gates Foundation Trust, manages the endowment assets.

How the Foundation Trust works

The Foundation Trust holds the endowment, including the annual instalments of Warren Buffett's gift, and funds the foundation. **Bill and Melinda are the Trustees for the Foundation Trust**, and the endowment is managed, as it has been for almost three decades, by Cascade Management Company." - in "Foundation Trust", Bill & Melinda Gates Foundation, 21 March 2021.

The Cascade Management Company

"Cascade Management Company: Investing to support and advance the vital work of the Bill & Melinda Gates Foundation Trust and Gates Family.
Cascade Asset Management Company oversees Cascade Investment, L.L.C., which holds personal assets of Bill Gates, as well as the Bill & Melinda Gates Foundation Trust, which holds the assets that support the charitable activities of the Bill & Melinda Gates Foundation.

This organizational structure allows the foundation to separate its programmatic work from the investments held by the Trust." - in "Cascade Asset Management Company", 3 November 2022.

*"Why Cascade? **Protect your reputation, enjoy convenience, reduce costs, and sleep well at night."** - in "Cascade Management Company", 15 October 2015.*

Serious Anxiety About the Transparency of the Foundation's Operation

"There is also a serious anxiety about the transparency of the Foundation's operation.

The first guiding principle of the [Bill & Melinda Gates] Foundation is that it is "driven by the interests and passions of the Gates family."

An annual letter from Bill Gates summarises those passions, referring to newspaper articles, books, and chance events that have shaped the Foundation's strategy.

For such a large and influential investor in Global Health, is such a whimsical governance principle good enough?

The Lancet, was sorry that the Foundation declined our invitation to respond to the paper by McCoy and colleagues, and to set out its vision for their role in Global Health." - in "What has the Gates Foundation done for Global Health?", The Lancet, 9 May 2009.

International Vaccine Institute

"To accelerate the development of a vaccine to prevent dengue and dengue hemorrhagic fever, debilitating diseases affecting children in the developing world, the Bill & Melinda Gates Foundation today announced a $55 Million grant to the International Vaccine Institute (IVI) to support the Pediatric Dengue Vaccine Initiative (PDVI).

Pediatric Dengue Vaccine Initiative

> ***"Dengue is exacting an enormous toll on the health and economic development of millions of families in the developing world.*** *It is critical to assess more fully the real impact of this disease and* ***to begin an accelerated phase of research and development to develop a safe and effective Vaccine."*** *- Dr Samuel Katz,* ***Chairman of the IVI Board of Trustees****, PDVI's host organization.*

PDVI, founded in 2001 with a grant from the Rockefeller Foundation to IVI, will use the grant announced today to develop at least **2 clinical trial sites in Southeast Asia, and South America.**

This research infrastructure will enable researchers to move Vaccine candidates rapidly into large-scale human trials. In addition, the grant will enable PDVI to examine the extent and impact of dengue in the developing world." - in "Gates Foundation Commits $55 Million to Accelerate Dengue Vaccine Research", Bill & Melinda Gates Foundation, September 2003.

Mosquito Borne Flavavirus

"Bill Gates has donated $27 Million to step up the fight against a debilitating Virus that kills 1 in 3 of its victims.

The Bill and Melinda Gates Foundation this week announced funding for a 5 year programme to combat Japanese encephalitis, the leading cause of **viral encephalitis** in Asia.

Almost **half of all cases** of the disease, **a Mosquito borne Flavavirus, result in long term disability, including paralysis, seizures, and mental disability.**

A third of victims, **mainly children** aged under 15, die.

The condition is untreatable but can be prevented through vaccination.

The Children's Vaccination Project at the Program for Appropriate Technology in Health (PATH), in Seattle,

Washington, will use the money to accelerate development of an improved vaccine and bolster disease surveillance.

Project Director Dr Julie Jacobson said it was "an absolute travesty" that so little had been done to protect people against a virus that now threatened up to 3 Billion people in Asia." - in "BMJ", 13 December 2003.

Public–Private Partnerships On Neglected Diseases

"The Bill and Melinda Gates Foundation (Seattle, WA, USA) announced on 21 September the availability of $168 Million in grants to fight malaria, including $100 Million earmarked **to develop Vaccines through the Public-Private Partnership Malaria Vaccine Initiative (Seattle, WA, USA).**

The charitable sector, by financing early-stage development, has lowered the risk **in creating Vaccines for diseases prevalent in developing countries.**

As a result, targeting neglected diseases has now become attractive to **Biotech Companies that are willing to explore new markets.**

Companies can also make profits by adapting vaccines to the needs of developed countries.

The US BioShield proposal now pending before Congress would, if enacted, pony up $6 Billion in public funds to address **infectious diseases, such as Ebola**, that are now considered security issues." - in **"Public–private partnerships boost research on neglected diseases"**, Nat. Biotechnol., 2003.

It Is Well Known That Once Introduced Into The Immunization Program It Becomes Politically Impossible To Stop Any Vaccination

"The Committee finds the entire matter very intriguing and fishy. The choice of countries and population groups; the monopolistic nature, at that point of time, of the product being pushed; the unlimited market potential and opportunities in the universal immunization programmes of the respective countries are all pointers to a well planned scheme to commercially exploit a situation.

Had PATH [Program for Appropriate Technology in Health, an international global health organization based in Seattle] been successful in getting the HPV Vaccine included in the universal immunization program of the concerned countries, this would have generated windfall profit for the manufacturer(s) by way of automatic sale, year after year, without any promotional or marketing expenses. It is well known that once introduced into the immunization program it becomes politically impossible to stop any vaccination. To achieve this end **effortlessly without going through the arduous and strictly regulated route of clinical trials, PATH resorted to an element of subterfuge by calling the clinical trials as "Observational Studies" or "Demonstration Project**" and various such expressions. Thus, **the interest, safety and well being of subjects were completely jeopardized by PATH by using self-determined, and self-servicing nomenclature, which is not only highly deplorable but a serious breach of law of the land. The Committee is not aware about the strategy followed by PATH in the remaining 3 countries viz. Uganda, Vietnam and Peru. - Report** No.72, **Parliament of India,** 30 August 2013." - in **"Intriguing And Fishy" Says Top Indian Committee On HPV Vaccine Trials; Lashes Out At PATH, Local Regulators For Violations"**, PharmAsia News, 2 September 2013.

Public Health Foundation of India Has 32 Staff Members Draw Their Salaries From the Bill & Melinda Gates Foundation - 2016

"Members of the steering group of National Health Mission (NHM) cornered the government with objections about **Bill and Melinda Gates Foundation (BMGF) paying for the Secretariat of the National Advisory Group on Vaccines** — the most powerful decision-making body which decides on vaccines that should become part of the government's immunisation programme.

Several members of the steering group, questioned the Government about the propriety of the secretariat of the National Technical Advisory Group on Immunisation (NTAGI) **having been moved out of the Government of India Ministry of Health (Nirman Bhawan) and what effect it would have on India's Vaccine Policy that the Secretariat staff is not paid for by the Government.**

As one steering group member noted:

"The National Technical Advisory Group on Immunisation (NTAGI) Secretariat has been moved out of the [Government's Health] ministry to the office of Public Health Foundation of India, and the 32 staff members in that Secretariat draw their salaries from the Bill & Melinda Gates Foundation (BMGF)."

There is a clear conflict of interest — on one hand, the BMGF funds the secretariat that is the highest decision making body in vaccines and, on the other, it partners the pharma industry in Global Alliance for Vaccines and Immunization (GAVI).

This is unacceptable." - in "'Conflict of interest': NHM panel raises questions on Bill Gates Foundation", Times of India, 30 March 2016.

"A meeting was held at the residence of Sir Paul Nurse, then-president of Rockefeller University; that the invitation to the gathering was co-written by Bill Gates, Warren Buffett, and David Rockefeller; or that the aim of the meeting was "to consider how their wealth could be used to slow the growth of the world's population."

It its 1968 annual report, the Rockefeller Foundation addressed the "Problems of Population", lamenting that "[v]ery little work is in progress on immunological methods, such as vaccines, to reduce fertility, and much more research is required if a solution is to be found here." - James Corbett, "Who is Bill Gates", The Corbett Report, 1 May 2020.

Global Scaling of Health Information Infrastructures – 2013

"The District Health Information Software (DHIS2), being used in over 30 countries by the Health Information Systems Programme (HISP) network, is becoming increasingly generic as it accumulates local translations and negotiates their generification.

While **the trend of development and progress of the software produces gains for the implementing actors,** there are also losses involved, for example the reduction of inscriptions.

Global scaling is an increasingly prominent feature of information systems, including Health Information Infrastructures (HII), which at the same time has been given little attention in the Information Systems (IS) field.

Large, international, initiatives driven by World Health Organization (WHO) and other agencies are increasingly aiming at both global reach of single systems to global monitoring needs, as well as transfer of best practices from one country to another.

Health Information Systems Programme

The research for this thesis has been carried out within **the Health Information Systems Programme (HISP), a global action-research initiative that since the mid-nineties has sought to improve HIS, predominately in Africa and Asia.**

Guiding principles for HISP have included participative design, open source, and **a focus on local empowerment for using health data for informed decision making.**

Health Information Infrastructures

For the health sector, one can speak of Health Information Infrastructures (HIIs), where there are a range of open-ended networks of actors (doctors, nurses, managers, patients, policy makers, researchers, software, hardware, vendors, routines, formal and informal rules etc).

The many human and non-human components of HIIs mutually influence their development, and it can be said that IIs are not built, but they evolve over time (Nielsen 2006). In relation to scaling of HIIs, it is thus important to understand how these components, or actors, influence each other, and the relation between active guidance and autonomous evolution.

The empirical base of my research is HII development in several countries, most notable Botswana, Sierra Leone, and Tajikistan, centering on the same (evolving) software and philosophy of information use.

In 2000, the United Nations General Assembly signed the Millennium Declaration (United Nations 2000), and pledged to a series of goals that has become known as the Millennium Development Goals (MDG).

Several of these are related to health, such as Goal 4 to reduce child mortality, and **Goal 5 to improve maternal health.** These goals represent a point of gravity for the international community, and today it is rare to find a development project without a reference to these MDGs.

Several high-level initiatives, representing billions of dollars in investment in health, are in direct response to the goals and the targets set to be achieved by 2015.

Among these are new organizations like the Global Fund to fight AIDS, Tuberculosis and Malaria, which has spent more than $22 Billion USD since 2002, global partnerships like Roll Back Malaria, and special projects like the UN Commission on Information Accountability (CoIA) for health of women and children.

This increased attention on health has not translated equally to the thrust for better health information, which continues to be in a poor state in many countries.

As late as 2012, the WHO Director-General addressed the need to improve HII.

Health Metrics Network

The Health Metrics Network (HMN) represented the first global partnership initiative to address these issues, from 2005, and more established organizations have also changed their ways.

WHO has classified HIS as an essential building block of country health systems(WHO 2009).

This thesis is based on active work to strengthen HII at many levels; from facilities, to local administrative levels, national, and the global level.

I have primarily been working in Sierra Leone and Botswana, though also in other countries in Africa and Asia, as well as 2 years at the WHO in Geneva, Switzerland.

The empirical basis for this thesis is thus coming from this work, and my engagement with HII development, scaling, and institutionalization in several contexts and countries.

This has taken place within the HISP network, comprising several Universities, Ministries of Health, NGOs, individuals, and partners both in countries and at the global level.

Health Information Systems

An important concept that needs to be included in this thesis is that of health for all, which when adopted as a WHO goal in 1978 (WHO 1978) puts the emphasis on providing equitable health services at the community level.

Universal Primary Health Care (PHC) was seen as the strategy to achieve this goal, and this again has implications for the historical development of HIS.

While hospitals and specialized services have certain information requirements, so too has the general management of PHC, where services essential, for example for the MDGs, are given.

There is a strong imperative for correlating information from different sources, but due to a number of institutional-technical reasons this is often not easily achieved, as these systems have evolved as multiple and separate sub-systems.

One example is that of Vaccinating children, which may necessitate access to population data (how many children need the vaccine?), service data (how many did we immunize?), logistics data (how much vaccine do we have?), human resource data (do we have enough staff with the right skills to provide vaccination services?).

Trends of Global Development and HIS

The changes around HIS, especially relating to "developing countries", corresponds not surprisingly to changes in the international development scene.

The Health Information Systems Programme

Within this landscape of HIS and development, the Health Information Systems Programme (HISP) has grown from a small pilot in Western Cape province in South Africa in the end of the 90s (Braa and Hedberg 2002), to become an international network of people related to health information strengthening in more than 30 countries in Africa and Asia.

The concept of generification brings in the multi-site dimension of global scaling by explaining how HIIs will increasingly become more generic as a variety of users and context come into play.

This can be intentional, as a scaling strategy by for instance vendors seeking to expand their market, or unintentional as a matter of accumulation of technology translations.

If such translations circulate and are re-translated by others, **there will potentially be a drift towards generic solutions.**

As technology has become increasingly dematerialized and more digital, coupled with increased ease of transmitting such digital material, circulation and translation of technology have become easier and faster.

The process of translation has been sped up, in turn increasing the speed of generification.

I conclude this chapter by proposing a view of global scaling of HIIs as one of "circulation of translations", where generification is the result of aggregated particularities.

The questions remains, however, through what mechanisms does global scaling take place.

That is an empirical question which my field work will focus on.

Constellation effects, for example related to the availability of such open source packages, become an important determining factor in the effectiveness of scaling.

This scaling can of course lead to other circulating effects where the statistical functions incorporated for food security can then be used in the health domain for epidemiological analysis.

Institutionalization, Politics, and Interoperability

At the end of 2009, the process in Sierra Leone forked, largely based on new international agendas.

The 3 most important parallel processes were 1) revision of reporting forms and continuation of process to strengthen health management using the data and DHIS2, which is

linked to 2) the increasing pressure (linked to funding constraints) on HMN to show results beyond implementation (again linked to more international emphasis to evaluate based on health impact rather than more easily measured outcomes), and 3) developments related to standards for exchange of statistical health data.

Some districts even copied the template, ranking their chiefdoms, representing sub-districts which did not have a health administration by themselves, but who were partly autonomous through paramount chiefs who could implement "laws" or advice its population.

This was a very powerful, new, and transparent way of looking into quality of service.

The better performing districts could report of strong paramount chiefs who were taking their position in the league tables seriously; discussing with health staff how to make the population use the public health services, how to provide incentives for giving birth at a facility, and the like.

Seeing this, the district medical officer published a note in a newspaper stating that all mother and child health services were now free in his district, and also implemented other measures to improve his indicators.

For example, since **the capital has many more private health facilities than the rest of the country, he agreed with them to collect a least data on deliveries, while they are in general sceptical against sharing data.**

The second process was more taking place at the global level, though a close collaboration with the national team in Sierra Leone and HMN was essential.

As the core funding for HMN was about to end (more than 90% funded by Bill and Melinda Gates Foundation 2005-10).

Electronic Record Systems in South Africa

The immunization program, for example, realized that the quality of their data that were included in the minimum report was higher than in their own data reporting system, and subsequently "gave in" and included their Vaccine Reporting in the now national essential data set.

There are several electronic record systems in South Africa, or computerized transaction systems as seen related to the data warehouse debate.

For the Tuberculosis electronic register and from some Anti-retroviral Treatment electronic registries for AIDS patients, "extract, transform and load" functionality is established with the DHIS; the standard, more technically advanced "Western" data warehouse model is gradually being adopted.

Funding

It is no secret that international organizations, and in particular government aid agencies, have different kinds of agendas, involving both political and altruistic elements.

Funding has in my case come primarily from University of Oslo sources, NORAD, EU, and The Gates Foundation through HMN." - Johan Ivar Sæbø, in "Global Scaling of Health Information Infrastructures: Circulating Translations", April 2013.

It's a Wonderful Thing To Go In And Create A Broad Identification System - 2015

"On 1 December 2015, the U.S. Department of the Treasury and the U.S. Agency for International Development (USAID) will host the **Financial Inclusion Forum.**

The forum will bring together a diverse group of leaders from the U.S. and Foreign Governments, Financial Institutions and other Corporations, and Nonprofits.

Treasury Secretary Jacob J. Lew and **Bill Gates, Co-Chair of the Bill & Melinda Gates Foundation, will deliver opening remarks.**

At this event, participants will explore ways to foster greater access to safe and affordable financial services for everyone.

A number of participants are expected to make announcements about specific ways that they can accelerate progress on financial inclusion efforts in the United States and worldwide." - in "Treasury and USAID Host Financial Inclusion Forum", 24 November 2015.

"Every country really needs to look through these KYC—know your customer—rules to make sure that customers are able to prove who they are.

But of course in many countries you don't have any type of ID system.

And the lack of an ID system is a problem, not just for the payment system, but also for voting and health and education and taxation.

And so it's a wonderful thing to go in and create a broad identification system.

India is a very interesting example of this, where the Aadhaar system, which is a **12-digit identifier that's correlated to biometric measures**, is becoming pervasive throughout the country and will be the foundation for **how we bring this low-cost switch to every mobile phone user in India.**

The same type of thing is happening now in in Pakistan and there's early beginnings of creating these ID programs in Africa as well.

We expect to be able to use the IDs so that when you show up for any government service — say, you walk into a primary health clinic — we'll be able to take that bio ID very quickly and bring up your electronic health record.

Even if you've moved from one part of the country to the other, you will be well tracked and well served without nearly as much paperwork or waiting.

And so the ID system is foundational.

Once financial flows go underground — where you have lots of legitimate transactions mixed in with the ones you want to track — **and once they're going over a Digital System that the US has no connection to, it's far more difficult to find the transactions that you want to be aware of or that you want to block."** - Bill Gates, "Financial Inclusion Forum", US Department of Treasury, and USAID, Washington DC, 1 December 2015

Digital Identification Systems - 2017

"The global health community must move to digital systems.

My organization, Gavi, the Vaccine Alliance, spends an average of nearly US$2 Billion a year on getting vaccines to children in the poorest countries.

It has also invested tens of millions of dollars in innovations to monitor immunization.

The technology sector is on a mission to equip everyone on the planet with a digital and online presence.

And the innovations that will help to achieve that goal are exactly those that could aid the global public-health community in vaccinating every child.

One of the biggest needs is for affordable, secure digital identification systems that can store a child's medical history.

Technology is already intertwined with vaccine delivery.

Other projects help to inform us of who receives vaccines." - Seth Berkley, chief executive of Gavi, the Vaccine Alliance, in "Immunization needs a technology boost", Nature, 13 November 2017.

World Bank Group ID4D - 2018

"ID4D is a cross-sectoral platform that creates and leverages partnerships with United Nations agencies, other donors, non-government organizations, academia, and the private sector.

Partnerships

Given the size of the global identification gap, no single country, international organization, NGO, or private sector entity can surmount this challenge by working alone—coordination is needed at the global, regional and national levels.

To this end, ID4D is developing strong partnerships with a range of actors working on this emerging topic—including United Nations (UN) agencies, foundations, think tanks and academics, regional bodies, private sector associations and standards bodies." - in "ID4D", Who Is Involved, World Bank, 2 May 2018.

"The ID4D Initiative brings global knowledge and expertise across sectors and countries to tackle this fundamental challenge.

It operates as a horizontal initiative across at least 10 different World Bank Group Global Practices and units working on digital development, social protection, financial inclusion, health, governance, gender, legal and data.

Partnerships

To accelerate the Initiative's work at global, regional and country levels, the ID4D Multi-Donor Trust Fund (MDTF) was established with catalytic contributions from the Bill & Melinda Gates Foundation followed by the UK Government, the French Government, NORAD and the Omidyar Network.

This MDTF provides a platform for partners to cohesively advance progress across ID4D's 3 pillars **with a common vision and shared actions;** and **shapes global approaches and a shared vision on identification."** - in "ID4D", Who Is Involved, World Bank, 2023.

Development of Quantum-Dot Tags Fluoresce With Information After They Are Injected As Part of Vaccination – 2019

"Quantum-Dot Tattoos Hold Vaccination Record.

Rice bioengineer reveals dissolving microneedles that also embed fluorescent medical info.

Keeping track of a child's shots could be so much easier with technology invented by a new Rice University professor and his colleagues.

> ***'The Bill and Melinda Gates Foundation came to us and said, 'Hey, we have a real problem, knowing who's vaccinated. So our idea was to put the record on the person. This way, later on, people can scan over the area to see what Vaccines have been administered*** *and give only the ones still needed." - Kevin McHugh*

This highly specific medical record consists of copper-based quantum dots embedded in biocompatible, micron-scale capsules.

Their near-infrared dye is invisible, but the pattern they set can be read and interpreted by a customized smartphone." - in "Quantum-dot Tattoos Hold Vaccination Record", Rice University, 18 December 2019.

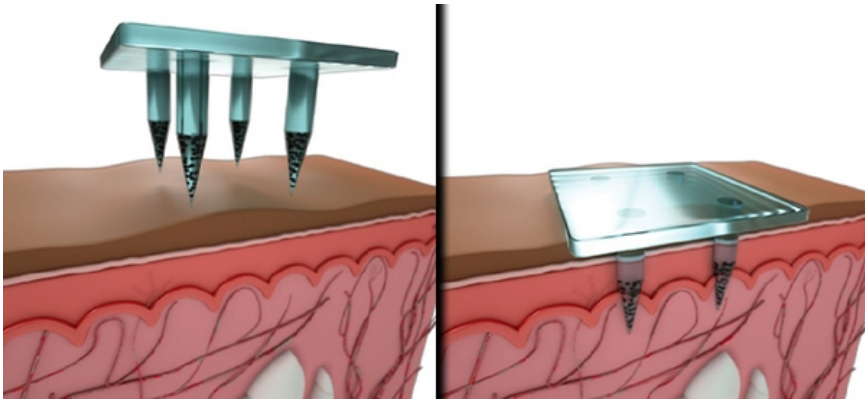


Image Source:

"Storing medical information below the skin's surface Specialized invisible dye, delivered along with a vaccine, could enable "on-patient" storage of vaccination history.

> ***"In order to be protected against most pathogens, One Needs Multiple Vaccinations."*** *Jaklenec research science at MIT.*

The research was funded by the Bill and Melinda Gates Foundation and the Koch Institute Support (core) Grant from the National Cancer Institute." - in "Massachusetts Institute of Technology News", 18 December 2019.

"We aimed to develop a platform that is robust, inexpensive, and easy to use to overcome the primary obstacles to implementation in the developing world.

We hypothesized that information, such as Vaccination history, could be encoded invisibly in the skin by applying a distinct pattern of near-infrared (NIR) fluorescent microparticles using a microneedle patch.

Commercial Dye and Custom Quantum Dot Characterization

To create a microneedle platform that could be applied to the skin, rapidly dissolve, and leave behind particles that can later be imaged to determine vaccination status.

These fluorescent microparticles must be delivered below the shed layers of skin to ensure their long-term residence in tissue.

The QD signal stabilizes rather quickly and then presents a fairly consistent SNR at 3, 6, and 9 months, indicating that microparticle clearance likely primarily occurs at early time points (less than 3 months).

In addition to the stand-alone value of an intradermal information encoding and detection platform, this system may offer greater advantages when codelivered with vaccines.

By delivering both agents in the same microneedle patch, there is the potential to realize production cost advantages and eliminate the possibility of misuse (such as applying the encoding patch without the vaccine).

However, to function in combination with microneedle vaccines currently under development, PMMA-encapsulated NIR QDs must not interfere with the robust immune response generated by intradermal antigen delivery.

We present data characterizing signal expression over 9 months in animals and in vitro accelerated solar light photobleaching, which suggest that detectable markings would persist to the target time point of 5 years." - in "Biocompatible near-infrared quantum dots delivered to the skin by microneedle patches record vaccination", Science Translational Medicine, 18 December 2019.

Funding:

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NIH Ruth L. Kirschstein National Research Service Award.

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The Koch Institute Support (core) Grant from the National Cancer Institute.

Harvard University Center for Nanoscale Systems (CNS), a member of the National Nanotechnology Coordinated Infrastructure Network (NNCI), which is supported by the National Science Foundation under NSF.

Competing Interests:

The List of Competing Interests Disclosure shows a list of 3 pages containing 190 Pharmaceutical, Vaccine, and Financial Companies among many others are:

28. Blackrock
70. Glaxosmithkline
73. Goldman Sachs
107. Merck
127. Pfizer, Inc.
110. Moderna Therapeutics

We Will Have Digital Certificates - March 2020

"In the United States, the first coronavirus-related activity restrictions were issued on 12 March 2020, when a community within New Rochelle, New York, **was declared to be a "containment area."** - in "Statewide COVID-19 Stay-at-Home Orders and Population Mobility in the United States", World Med. Health Policy., December 2020.

5 Days After the first coronavirus-related activity restrictions were issued in the USA 12 March 2020, Bill Gates went on Reddit on the 18 of March 2020.

Bill Gates Ask Me Anything

"Over the years I've had a chance to study diseases like influenza, Ebola, and now COVID-19 — including how epidemics start, how to prevent them, and how to respond to them.

The Gates Foundation has committed up to $100 Million to help with the COVID-19 response around the world, as well as $5 Million to support our home state of Washington.

I'm joined remotely today by Dr Trevor Mundel, who leads the Gates Foundation's global health work, and Dr Niranjan Bose, my chief scientific adviser.

Ask us anything about COVID-19 specifically or Epidemics and Pandemics more generally.

"Question: In your opinion, after this pandemic comes to a close, however long that may be, what should be the first step we as a global community take so that we are better prepared for the next pandemic?

Bill Gates: The TED talk I did in 2015 talked about this.

We need to have the ability to scale up diagnostics, drugs and vaccines very rapidly.

The technologies exist to do this well, if the right investments are made.

Countries can work together on this.

We did create CEPI = Coalition for Epidemic Preparedness Innovation, which did some work on Vaccines but that needs to be funded at higher level to have the standby manufacturing capacity for the world.

Question: How is the economy likely to recover after all if this in your opinion?

Bill Gates: Yes eventually. **The economic impact of the "shut down" will be large,** but if it is done well **(including the Testing piece which I keep mentioning) eventually we can open back up.**

Question: What changes are we going to have to make to how businesses operate to maintain our economy while providing Social Distancing?

Bill Gates: Eventually, we will have some Digital Certificates, to show who has recovered, or been tested recently, or when we have a Vaccine who has received it." - Bill Gates in "I'm Bill Gates, co-chair of the Bill & Melinda Gates Foundation. AMA about COVID-19", Reddit, 18 March 2020.

Worldwide Biometric Secure Identity Platform - May 2020

"And so while we started with travel, at our core we're a **Biometric-Secure Identity Platform, where it's always been about attaching your identity to your boarding pass at the airport or your ticket to get into a sports stadium or your credit card to buy a beer.**

And so now, **with the launch of Clear Health Pass, it's about attaching your identity to your COVID-related health insights for employers, for employees, for customers."** - Caryn Seidman Becker, Clear CEO, in "CLEAR's new Health Pass service to help screen for Coronavirus", CNBC, 15 May 2020.

"GlaxoSmithKline and Google parent Alphabet's life sciences unit are creating a new company focused on fighting diseases by targeting electrical signals in the body, jump-starting a novel field of medicine called bioelectronics.

Verily Life Sciences - known as Google's life sciences unit until last year - and **Britain's Biggest Drugmaker** will together contribute USD $715 Million over 7 years to Galvani Bioelectronics.

The tie-up shows the growing convergence of healthcare and technology.

Galvani will be fully consolidated in GSK's financial statements, following the model of the group's majority-owned **ViiV Healthcare business, which sells HIV medicines."** - in "GSK and Google parent forge $715 million Bioelectronic medicines firm", Reuters, 1 August 2016.

"Bioelectronic remedies attach battery-powered implants the size of a grain of rice or smaller to individual nerves to correct faulty electrical signals between the nervous system and the body's organs.

GSK and Verily, renamed from Google Life Sciences, said their collaboration would combine GSK's Drug Development, with Verily's expertise in Miniature Electronics, Data and Software for Clinical Purposes.

Hopefully in 10 years there will be a treatment option where your doctor will say: "Why don't you go for bioelectronic? And a surgeon will do a little procedure and it will help the organ to do what it should be doing."

Moncef Slaoui, GSK's chairman of Global Vaccines, will chair the new company's board." - in "Google and GSK form venture to develop Bioelectronic Medicines", The Guardian, 1 August 2016.

"GSK, the United Kingdom's biggest drug company, will form a joint venture with Verily Life Sciences (formerly Google Life Sciences), a division of Alphabet.

GSK has been conducting research in bioelectronic medicine since 2012.

The 2 companies said that the new partnership would **combine GSK's Drug Development, with Verily's knowledge of miniaturised electronics, device development, data analytics, and software development** for clinical applications.

If successful, **this approach offers the potential for a new therapeutic modality alongside traditional medicines and Vaccines."** - in "GSK and Google form partnership to develop Bioelectronic Medicines", BMJ, 3 August 2016.

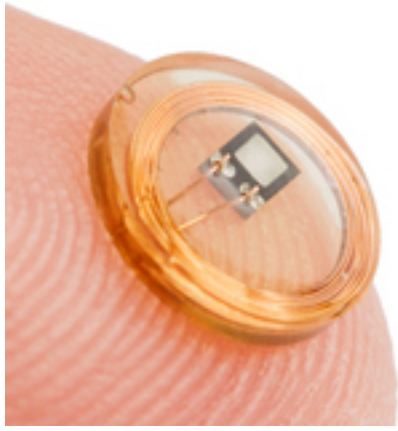


Image Source:
"GSK and Google form partnership to develop Bioelectronic Medicines", BMJ, 3 August 2016.

Microchips Are Inserted In The General Population

"The Russian General Alexei Savin, stated in the newspaper Pravda, that a Human Being is an Information and Electrical System, which can be influenced from outside. First attempts to influence human behaviour, attitudes and feelings were attempted already 1874, in the Good Smaritan Hospital, Dayton, Ohio, USA, when a female patient got electrodes placed in her brain.

She died shortly after the operation.

In Sweden, Dr Alm inserted electrodes into the skull of baby boy, Bengt in 1946, without the knowledge of the parents at the Saska Childrens Hospital, Stockholm.

Later his mother told me, of his lifelong suffering as an adult, as consequence of this operation.

Today microchips of the size of 2 micromillimeter are inserted into general population without their consent e.g. in Vaccinations, like the swine-flu Vaccine for their total control. Medical personnel working in the field get different information of Vaccine content than researchers, and insiders who follow the United Nations Agenda 21, for depopulation by 85% of the world population by various means. All Medical Schools, teach that one is mentally ill if you hear voices in your head, feel that you are surveilled. Military mind control, is listed as a "nonlethal" weapon, but in psychiatry the whole subject is Tabu, and considered as sign of mental illness to cover up unethical research on humans. UNIDIR, a UN institute for disarmament research in Geneva has year 2002, listed Mind Control as a weapon of mass destruction, along side with Atom Bombs. **Man is a mind, not a body**, when our body consists of 70% of water, and our brain 87% water, so our energy holds us together. According to Einstein energy never disappears,but only changes form. **He who controls the minds of men controls the world!"** - Dr Rauni-Leena Tellervo Luukanen-Kilde, MD, Former Chief Medical Officer for Lapland, Iceland, in "Bright Light On Black Shadows: Man Is A Mind Not A Body", CHC, **28 November 2014.**

Global Digital Cooperation UN 2023

"1. Digital IDs linked with bank or mobile money accounts can improve the delivery of social protection coverage and serve to better reach eligible beneficiaries.

2. Drone technology can monitor crops and provide information on how much water is needed.

Software systems available through mobile apps can monitor and analyse data.

3. Novel platform-based Vaccine Technologies and smart Vaccine Manufacturing Techniques help to produce greater numbers of higher-quality Vaccines.

Open-source platforms can help accelerate and scale up Vaccine delivery.

17. Partnerships between States, Private Sector and Civil Society leverage the capacity of Digital Tools to provide solutions for development across the Sustainable Development Goals.

Examples include the Digital Public Infrastructure Alliance, the Coalition for Digital Environmental Sustainability and Public-Private Partnerships for Disaster Response." - in "Sustainable Development Goals (SDGs)", United Nations, 16 May 2023.

The Fourth Industrial Revolution

> ***"Delighted we've agreed to work even closer with the World Economic Forum & their Centre for the Fourth Industrial Revolution*** *to help make Artificial Intelligence work for everyone. Davos18". - Matt Hancock, in "Twitter", 26 January 2018.*

Just bear in mind that the World Economic Forum is a Private Company.

Matt Hancock, Secretary of State for Digital, Culture, Media and Sport
In office from 8 January 2018 to 9 July 2018.

Matt Hancock, Secretary of State for Health and Social Care
In office from 9 July 2018 to 26 June 2021.

Early career
After university, Hancock briefly worked for his family's computer Software Company.

"The possibilities of Billions of people connected by Mobile Devices, with unprecedented processing power, storage capacity, and access to knowledge, are unlimited.

As the physical, **digital, and biological worlds continue to converge**, new technologies and platforms will increasingly enable **citizens to engage with governments,** voice their opinions, coordinate their efforts, and even **circumvent the supervision of public authorities.**

Simultaneously, **governments will gain new technological powers to increase their control over populations, based on pervasive surveillance systems and the ability to control digital infrastructure.**

I wonder whether **the inexorable integration of technology in our lives could diminish some of our quintessential human capacities, such as compassion and cooperation.**

One of the greatest individual challenges posed by new information technologies is privacy.

We instinctively understand why it is so essential, yet **the tracking and sharing of information about us is a crucial part of the new connectivity.**

The Fourth Industrial Revolution may indeed have the potential to "robotize" humanity and thus to deprive us of our heart and soul." - Klaus Schwab, in "The Fourth Industrial Revolution", World Economic Forum, A Private Company, 14 January 2016.

Britain Must Prepare For Harder Lockdowns

"Britain must prepare for wider, earlier and more Stringent Lockdowns in the face of future pandemics, Matt Hancock has claimed.

He made the claim despite mounting evidence that lockdown has caused more harm than the pandemic, from soaring child mental health referrals to a "cancer bomb" of patients whose treatment was delayed alongside a struggling economy.

David Davis criticised his former Cabinet colleague, saying that Lockdowns were "ill-conceived and based on scientific guesswork, not science." - in "Britain must prepare for harder lockdowns, says Matt Hancock". The Telegraph, 27 June 2023.

> ***"CDC's Six-Foot Social Distancing Rule Was 'Arbitrary', Says Former FDA Commissioner. Both the 10-foot and 6-foot recommendations were unfounded, said Gottlieb, and show "the lack of rigor" in how the CDC made public health recommendations."*** *- in "Forbes", 19 September 2021.*

It's Not About Money, It's About Control!

"This Gates-driven agenda is not about money.

It is About Control.

Control over every aspect of our daily lives, from where we go, to who we meet, to what we buy and what we do.

This is not about charity.

It is about control.

A Biometric Identification System Tied To A Digital Payments Infrastructure

The population control grid that Gates has been quietly funding into existence for the past decade — a Biometric Identification System tied to a Digital Payments Infrastructure that will be used to track, catalogue and control every movement, every transaction and every interaction of every citizen — is just now coming into view.

We must confront the possibility that this quest for control comes not from a selfless spirit of generosity that never seemed to exist before he became a multi-billionaire, but from the same drive for money, the same desire for domination and the same sense of superiority that motivated him on his way up the corporate ladder.

But if the answer to the question **"Who Is Bill Gates."**

The truth is that ideologies are viruses of the mind; they spread from person to person, infecting them with ideas that can lead to a disease of the body politic.

But here is the even greater truth: Inoculations do work, Inoculations of Truth against the Lies of those spreading their Poisonous Ideology.

But if Bill Gates has taught us anything, it's how to deal with a virus.

It's time for a hard reset." - James Corbett, "Who is Bill Gates", The Corbett Report, 1 May 2020.

"Governments globally are working to roll out digital identity schemes, but few have achieved broad adoption and utilization.

To succeed, governments can create a virtuous circle of supply and demand. Digital ID provides reliable authentication and enables delivery of a range of services via web or mobile applications that require proof of identity.

It has the potential to generate significant economic and social benefits.

To date, governments around the world have launched around 165 digital, or partially digital, ID schemes.

A digital ID's ability to simplify interactions between individuals, governments, and businesses can bring significant benefits.

Individuals and government: Digital ID is a key enabler for modernizing public services such as those related to healthcare, welfare payments, certifications, and licenses." - in "How governments can deliver on the promise of digital ID", **McKinsey & Company,** 31 August 2020.

GSK & Google & Microsoft & McKinsey Create Partnership for Health Emergencies

"A new partnership between universities, foundations and leading technology and health companies aims to protect the world from future pandemics, by harnessing the power of data and analytics.

> *"There will be another COVID-19, and there is an opportunity for the international community to learn lessons now and prepare for the future. The Trinity Challenge is a recognition by business, academia and philanthropy of the need for new, breakthrough ideas and approaches to beat the next pandemic."- Dame Sally Davies, former UK Chief Medical Officer, Emeritus*

Professor at Imperial College London and Master of Trinity College at the University of Cambridge.

The challenge brings together companies like GSK, Google, Microsoft and McKinsey - as well as universities including Cambridge, Imperial, LSE, Northeastern or the University of Hong Kong - to work together on health issues in an unprecedented way." - in "GSK, Google, Microsoft & McKinsey create partnership for better protection against health emergencies", World Business Council for Sustainable Development, 15 September 2020.

"The former UK Prime Minister's Institute for Global Change has today released a report calling for wholesale reform to 'end the era of slow and cumbersome government services'.

"The vast majority of people will use it through a phone, and that's the best way to do it." *- Tony Blair*

The report, titled 'The Great Enabler: Transforming the Future of Britain's

Public Services Through Digital Identity', follows calls in February by Sir Tony and former Conservative leader William Hague for the introduction of a national digital ID." - in "Digital IDs for all under latest proposals from former PM Sir Tony Blair", Metro, 15 June 2023.

"Early on, during the early part of the Covid pandemic, I began to worry that we weren't really making decisions on science. A lot of the arguments at the time were not really between science and non-science. They were between authority and non-authority." - David Davis, Member of Parliament for Haltemprice and Howden, England, in "David Davis says secret unit that targeted lockdown dissent should be shut down", The Telegraph, 9 June 2023.

How Did The Partnership of IBM and Bill Gates Break Up?

"You remember your partnership of IBM and Bill Gates? How did it break up?

Edward Andrus, IBM Executive - I do remember very well, actually.

Bill Gates at the time at the beginning of our relationship with them was living on pizza and Pepsi Cola in Albuquerque, New Mexico.

His mother happened to be on the United Way board with our chairman and asked our chairman to help him.

And you know, when the chairman comes in and tells you to go help this kid, 900 people get on the plane Monday morning and they all go down to try to help Bill Gates.

He didn't know anything about operating systems.

In those days he had a Fortran compiler we bought a couple of copies from them and ultimately we had the PC coming down the pike and when we acquired the operating system that we wanted and it needed changes we said to him, we'd like you to make these changes, he said "I don't know anything about operating systems."

We said, we're the experts at operating systems, we'll teach you how to do it.

So, we put 20, then 100, 200, ultimately 500 people working on this thing, to show him how to do it. And helping him, and we never signed a contract.

It was friendly, it was on a handshake.

IBM does that quite often, especially with this kid, who's our chairman said help him out.

So, when the money started to roll in, there was a question about who would it belong to.

We thought, it belonged to us.

So that there would be a sharing to IBM.

And he claimed, that belong to him, because he owned the code, even though we did the work for him, and ultimately he took us to court, and proved that he was right.

So, **I don't see Bill Gates as this great, creative person.**

I see him as an opportunist.

And, in fact, in those days there was a lot of sharing of software code.

People gave it away in Silicon Valley; they would share everything.

He came in and he tried to control everything and put a price on it.

So, he was creative in that sense, and he was fairly smart, and the things he did.

Obviously **he's a wealthy guy, one of the reasons he's so wealthy - though is he never had to go to the venture capital marketplace to get money to start his business - because IBM gave him the money to start his business.**

So, he owned all the stock, he didn't have to give it to people to get income, in order to get the revenue or money so that he can invest it in the business.

So, that's why he's one of the richest men in the world today." - Edward Andrus, IBM Executive, worked at IBM since July 1992, in "Idemo u Ameriku 2", HRT 1, 4 April 2016.

"As Bill Gates would say after Apple unsuccessfully sued Microsoft for copyright infringement over Windows' GUI:

> ***"Hey, Steve, just because you broke into Xerox's house before I did and took the TV doesn't mean I can't go in later, and take the stereo."*** *- Bill Gates*

- in "Idea Man: A Memoir by the Co-founder of Microsoft", 3 May 2012.

"And for all 193 member states, you must make Vaccines a high priority in your Health Systems, to ensure that all your Children have access to Existing Vaccines Now — and to New Vaccines as they become available." - *Bill Gates, in "64th World Health Assembly", WHO, Geneva, 17 May 2011.*

The Contraceptive Salesman & Bill Gates

"Dear Dr Gordon W. Perkin, MD, Executive Director, Program for the Introduction and Adaption of Contraceptive Technology, Canal Place, 130 Nickerson Street, Seattle, WA 98109.

Pursuant to the authority contained in the Foreign Assistance Act of 1961, as amended, the Agency for International Development hereby grants to The Program for the Introduction and Adaptation of Contraceptive Technology." - in "Grant No. PDC-0242-G-SS-3111-00", United States International Development Cooperation Agency, Agency for International Development, 23 June 1983.

"Gordon Perkin's first job, as a Contraceptives Salesman in Northern Ontario, sparked a life-long interest in reproductive medicine that eventually saw him direct almost USD $5 Billion from the Bill & Melinda Gates Foundation.

The self-effacing general practitioner was also the founder of PATH, now one of the world's largest non-profit health organizations.

In 1966, became an adviser on population issues for the Ford Foundation.

The job saw the Perkin family spend the next 14 years travelling the world, first to Thailand, then Ghana, then to Switzerland where he was seconded to the World Health Organization (WHO).

Throughout those years, reproductive health remained a primary interest for Gordon Perkin.

He served as a board member of the Committee on Contraceptive Development of the National Academy of Sciences, as well as for the Planned Parenthood Federation of America.

In 1977, founded the Program for the Introduction and Adaptation of Contraceptive Technology, which evolved to become PATH.

In 1979, a leader at the United Nations Population Fund asked him to arrange tours of all major western contraceptive factories in United States, Canada and Europe for a group of Chinese pharmaceutical leaders who wanted to learn western practices.

The work brought Dr. Perkin to the attention of Bill Gates Sr., who wrote to PATH in the mid-1990s offering USD $750,000 for projects related to family planning and reproductive health." - "Ontario doctor Gordon Perkin became a giant in public health", The Globe and Mail, 15 September 2020.

Reproductive Health & Childhood Vaccination

"Dr Gordon Perkin crossed paths with William Gates Sr. in the late 1990s.

The elder Gates was helping his multi-billionaire son and daughter-in-law decide how to give away a fortune in philanthropic funding and was looking for expert guidance.

Serve as the first Director of Global Health for the Bill & Melinda Gates Foundation — the richest philanthropy organization in the world.

Its priorities include many of the causes Perkin held dear, from Reproductive Health and Childhood Vaccination.

Perkin was also instrumental in the creation of Gavi, The Vaccine Alliance.

A partnership of the World Bank, The World Health Organization, Governments, Foundations and Pharmaceutical Companies.

Perkin helped persuade the Gateses to kick-start the vaccine alliance with $750 million, which they quickly followed with another $750 million.

"It really blew us away, and Gordon was right in the middle of all that."

Co-founder of PATH, a Seattle nonprofit that started with 3 people in 1977, and is now among the biggest players in international health." - in "Seattle Times", 27 August 2020.

Bill Gates My Global Health Mentor

"Bill Gates published a blog post about his Global Health Mentor Dr William Foege, MD a former Centers for Disease Control and Prevention (CDC) Director and a legend in the world of public health.

In the post, Gates recounts his favorite story about Dr Foege, the day Dr Foege arrived in a remote Nigerian village to vaccinate everyone against smallpox.

Dr Foege had not anticipated a large turnout and was surprised when several thousand showed up to be Vaccinated.

According to Gates, when Dr Foege asked the chief how he got so many people to turn out, the chief replied, "I told everyone to come and see the tallest man in the world."

Did you know that the idea for the CDC Foundation came from several previous CDC directors and public health luminaries, including Dr. Foege.

These leaders saw the power of breaking down siloes between sectors to bring together the resources, flexibility and nimbleness that are needed in the field to move the needle on critical public health topics.

From his own experience, Dr. Foege knew that private-sector support could enhance Government Funding.

Together, though, the public and private sectors can come together around important public health issues to do some amazing things—from smallpox to polio, Ebola and heart disease." - in "Dr. Bill Foege: A Giant in Public Health", CDC Foundation, 13 October 2017.

"Using a relatively small amount of Vaccine, we stopped the outbreak", says Dr Foege.

The approach was then used in the entire Eastern Region of Nigeria and cases ceased in 5 months.

The strategy was replicated throughout the 20 county area and smallpox disappeared.

In 1970 Dr Foege returned to the US and joined the CDC where he headed the agency's smallpox eradication program.

Initially his strategy of surveillance and containment was received with widespread skepticism.

"A cracked-brain scheme completely out of touch with reality."

In 1980, there were an increasing number of reports of a rare but serious illness affecting the blood, liver, and brain of children and adolescents.

The disorder now known as Reye's Syndrome.

Investigators linked the condition to the use of Aspirin among children.

Bill Gates asked him to become Senior Medical Advisor, to work on the Foundation's health initiatives, to advise the Foundation on strategies that could be usefully pursued in Global Health.

"Working with the Gates Foundation is very rewarding because it has totally changed the field of Global Health. This is a wonderful time in global health." *- Dr Bill Foege, MD*

Dr Foege, MD is now a Fellow at The Bill and Melinda Gates Foundation, and the Rockefeller Foundation." - in "William H. Foege, MD, MPH", Recipient of the 2007 Jimmy and Rosalynn Carter Award for Humanitarian Contributions to the Health of Humankind.

Advisory Medical Board Member Theranos - 2016

"The Theranos medical advisory board now includes the following members:

Dr Bill Foege, MD, former Director of the U.S. Center for Disease Control and Prevention (CDC), previously affiliated with Theranos as a director and, later medical advisory board member.

Asked how much money and other compensation the advisory board members are being paid, spokesperson Brooke Buchanon responded in an email: "Compensation is based on a fair market value analysis consistent with industry guidance." - in "Theranos Adds Startlingly Well-Qualified Medical Board", Fortune, 7 April 2016.

Funding Of CDC Took A Turn In 1983 When The CDC Was Authorised To Accept External "Gifts" From Industry & Other Private Parties

"The article "Centers for Disease Control and Prevention: Protecting the Private Good?", British Medical Journal, 15 May 2015, reveals how the CDC Foundation, renowned the world over receives Millions of Dollars in Industry Gifts and Funding, both Directly and Indirectly.

The CDC's recommendations come with the disclaimer stating:

> *"CDC, our planners, and our content experts wish to disclose they have no financial interests or other relationships with the Manufacturers of Commercial Products. CDC does not accept commercial support."*

Questions have been raised over the years about CDC taking money from Pharma Companies, and Vaccine Manufacturers.

The BMJ article questioned the science CDC cites, the clinical guidelines it promotes, and the money it is taking.

In 1983, CDC was authorised to accept 'gifts' from Industry and other private parties and in 1992 a legislation was passed by US Congress to encourage relationships between the CDC and industry through a non-profit, the CDC Foundation.

The CDC Foundation raised USD $52 Million in 2014, of which USD $12 Million was from corporations.

The CDC itself in fiscal year 2014 received USD $16 Million in conditional funding from sources such as corporations, individuals, and philanthropy, including the CDC Foundation.

Conditional donations are earmarked for specific projects.

> *"For example, in 2012, Genentech earmarked USD $600,000 in donations to the CDC Foundation for CDC's efforts to promote expanded testing and treatment of viral hepatitis.*
> *Genentech and its parent company, Roche, manufacture test kits and treatments for hepatitis C.*
> *Incidentally, the CDC issued guidelines in August 2012 recommending expanded (cohort) screening of everyone born from 1945 to 1965 for hepatitis C virus though the science behind cohort screening has been questioned."*

"In 2010, the CDC, in conjunction with the CDC Foundation, formed the Viral Hepatitis Action Coalition, which supports research and promotes expanded testing and treatment of hepatitis C in the United States and globally.
Industry has donated over USD $26 Million to the coalition through the CDC Foundation since 2010.
Corporate members of the coalition include Abbott Laboratories, AbbVie, Gilead, Janssen, Merck, OraSure Technologies, Quest Diagnostics, and Siemens— each of which produces products to test for or treat hepatitis C infection."

Conflict of Interests CDC

Conflict of interest forms filed by the 34 members of the external working group that wrote and reviewed the new CDC recommendation in 2012 show that 9 had financial ties to the manufacturers.

A report by the Office of the Inspector General found that CDC's external advisors played an influential role in decision-making for the federal government and that there was a systemic lack of oversight of the ethics program with 97% of disclosure forms filed by advisors found to be incomplete, and 13% of advisors who participated in meetings not filing any disclosure at all.

Pharma manufacturers who gave donations to the CDC Foundation, included Janssen which gave USD $1.5 Million in 2012-13, in 2011-12 contributors included Merck (USD $915,149), Genzyme (USD $762,000), Sanofi-Aventis (USD $600,000), and Abbott Laboratories (USD $550,000).

The CDC takes Funding from Industry.

Industry is allowed to punish the CDC if the agency conducts research that has the potential to cut into profits." - in "Can CDC in the US takings millions from pharma industry be unbiased?, The Economic Times, 20 May 2015; and in "Centers for Disease Control and Prevention: Protecting the Private Good?, BMJ, 15 May 2015.

CDC - The Financial Dealings With Biopharmaceutical Companies

"The CDC has enormous credibility among physicians, in no small part because the agency is generally thought to be free of industry bias.

Financial Dealings With Biopharmaceutical Companies threaten that reputation.

The CDC has launched an ambitious campaign urging people to take an antiviral drug for flu if one is prescribed by a doctor, saying that it could "save lives."

The FDA told The BMJ that data submitted to it for review do not support the claim that the neuraminidase inhibitor oseltamivir (marketed by Genentech and Roche as Tamiflu) "saves lives."

The FDA said that oseltamivir "has not been proven to have a positive impact on the potential consequences (such as hospitalizations, mortality, or economic impact) of seasonal, avian, or pandemic influenza.

The CDC's Director, Thomas Frieden, told The BMJ "that early treatment with neuraminidase inhibitors can reduce the risk of death among hospitalized patients with laboratory-confirmed influenza infection."

Schriger told The BMJ:

> *"This statement seems highly irresponsible for someone in his position. The evidence is poor; the clinical effect, if there is one, marginal."*

The CDC's message sounds more emotional than scientific.

We would love to have a treatment for influenza that works.

These [patients] didn't even derive a symptom benefit. No symptom reduction, no hospitalization reduction, no nothing.

This is amazing, because it means that in the group who

could most benefit, theoretically, they couldn't even show that the one actual benefit of the drug was present.

Since 1995 the foundation has received funding from more than 150 corporate "partners". - Marcia Angell, former Editor in Chief, New England Journal of Medicine, in "Why aren't the US Centers for Disease Control (CDC) and Food and Drug Administration (FDA) speaking with one voice on Flu?", BMJ, 5 February 2015.

CDC Foundation Zika - Ebola & Fundraising

"On the day Judy Monroe began her new job as CEO of the CDC Foundation, 1 February 2016, the World Health Organization declared the Zika virus was a public health emergency of international concern.

"It changed my starting point," Monroe said in an interview about her first 7 months running the private foundation that supports the work of the Atlanta-based Centers for Disease Control and Prevention, CDC.

> *"The entire time I've been here, we have been in emergency response for Zika. We had to raise funds right away. You are already behind."*

To be better prepared in the future, Monroe said it would be strategic for the CDC Foundation to have an emergency response war chest that it could use as soon as an International Public Health Crisis Emerges.

"In an ideal world, I would love the Foundation to have a Fund of USD $10 Million.

We would have the money ready to go. It would give us some funding to scale up." - in "CDC Foundation CEO Judy Monroe talks about Zika, Ebola and Fundraising", Atlanta Business Chronicle, 19 August 2016.

Government Research Is Being Funded By The Food & Pharmaceutical Industries

"Government Research Institutes are also increasingly being funded by the Food and Pharmaceutical Industries.

In India, Pfizer has recently entered into a collaboration with the Indian Council of Medical Research (ICMR), the country's premier government funded research organisation on health and nutrition, to conduct surveillance on antimicrobial resistance to "collect national data, guide treatment practices and rationalize antibiotic use in the country".

The Bill and Melinda Gates Foundation (BMGF) is the largest funder for GAVI, the Vaccine Alliance, which facilitates the increased use of Vaccines in National Health Programmes in Developing Countries.

According to information on its website, BMGF also invests in Vaccine Makers and is also the largest non-government funder of the World Health Organization (WHO).

Such funding raises serious questions on the neutrality of research by public sector organisations that accept funds from the Industry." - in "Conflict of interest in systematic reviews and its implications for public health policy", Indian Journal of Medical Ethics, October 2019.

Why Is The CDC Taking Research Funding From A Pharmaceutical Company?

"Last week, the CDC published an article "The Economic Impact of Smoke-Free Laws on Restaurants and Bars in 9 States", Preventing Chronic Disease, 2013, that assessed the economic impact of smoke-free bar and restaurant laws.

The research found that there was no adverse economic impact of these laws in the 9 states studied.

Consider, however, that the research was funded through the CDC Foundation, which contracted with RTI International to conduct the study.

And who actually funded the study?

The study was funded by a drug company: Pfizer.

> *"Pfizer is proud to have partnered with the CDC Foundation and CDC on this important research initiative and we are very encouraged by the results." - Freda C. Lewis-Hall, MD, FAPA, Executive vice President, Chief Medical officer, Pfizer*

The real story behind this research is that its true purpose - from the perspective of Pfizer - was to create the public perception that Pfizer and CDC are partners.

It is not appropriate for a government public health agency to partner with the very corporations about whose drugs or products that agency issues recommendations about their approval, disapproval, or use.

Suppose, I were a corporation that manufactured a Vaccine about which CDC was going to make a recommendation for either approval or disapproval.

Wouldn't I just love the opportunity to partner with the CDC so that I could influence their decision with money, and to do it legally no less?

Added Value & Mutual Benefits

The CDC Foundation acknowledges this right on its web site, writing that two of the "Added Values" to corporations of partnering with the agency are:

1. Creating "mutually beneficial collaborations with world-renowned CDC scientists."
2. Simplifying "the process of partnering with a complex federal agency."

The CDC makes recommendations regarding the use of Vaccines.

One Vaccine about which the CDC deliberated was Pfizer's Prevnar.

The CDC Advisory Committee on Immunization Practices (ACIP) regularly makes recommendations regarding the use of Vaccines.

The CDC Foundation has a large number of partnerships with Big Pharma companies, including GlaxoSmithKline, Bristol-Myers Squibb, Eli Lilly, Johnson & Johnson, Novartis, Abbott Laboratories, and Sanofi-Aventis.

The CDC Foundation also partners with the Coca-Cola Company.

According to the CDC Foundation, partnerships are only accepted with: "Corporations whose goals or philanthropic interests align with CDC's work." - Dr Michael Siegel, MD Professor & Researcher, Department of Public Health and Community Medicine, Tufts University School of Medicine, in "Why is the CDC Taking Research Funding from a Pharmaceutical Company?, 12 August 2013.

WHO - Declaring A Pandemic That Did Not Happen

"This article discusses a new dimension of a research agenda on Global Health Governance (GHG).

The concept of GHG is criticized for its lack of clarity, considering the differences in how public officials and the academia apply the term, and for the lack of critical reflection on its normativity.

GHG's practices are also particularly condemned due to the lack of transparency and accountability of its main actors (WHO, the World Bank, Pharmaceutical Industry, and Philanthropic Foundations).

WHO's top 20 contributors provide nearly 80% of the total financing – among them, Bill and Melinda Gates Foundation, Rotary International and Bloomberg Family Foundation –, which motivated the Director-General, Margaret Chan, to say:

> *"A broader base of contributors would make this Organization more genuinely owned by its Member States".*

She somehow agreed with those who believe that WHO actions and priorities are no longer the result of the consensus of the world's people but top down decision making from wealthy philanthropists.

WHO was heavily criticized during the AH1N1 pandemic (2009-2010), not only for allegedly declaring a pandemic that did not happen, but above all by claims of undue influence of the Pharmaceutical Industry in its deliberative processes, which has led States to acquire unnecessarily large quantities of vaccines and drugs.

In the reform agenda as "participation of non-governmental organizations (NGOs)".

According to WHO:

> *"Non-State actors are entities that do not belong organically to any State institution, that participate or act in international and national relations, and that have the power to influence and cause change."*

It is undisputed that private entities have achieved such influence on Global Health Governance, so as to be invited to speak at the opening of the World Health Assembly, as was the case with Bill and Melinda Gates Foundation in 2005, 2011, and 2014.

The agenda of private financiers, who are able to influence the definition of WHO's priorities (which tends to favour programs for which funding is not necessarily urgent or of global interest) and the role of experts, who provide the material substrate for various decisions taken by political authorities (the example are the Committees, which support a declaration of Public Health Emergency of International Concern, such as the association between the Zika Virus, microcephaly, and other neurological disorders and which was declared an international emergency in February 2016)." - in "World Health Organization and the search for accountability: a critical analysis of the new framework of engagement with non-state actors", Cadernos de Saúde Pública, 2017.

US Sounds Alarm On 3 New Diabetes Drugs

"3 new type-2 Diabetes Medicines, 2 of which were recently launched in India, have come under the scanner of the FDA US Drug regulator for Potential Risk of Causing Acidosis, that could Require Hospitalization.

Canagliflozin, Dapagliflozin, and Empagliflozin – may cause high levels of blood acids which can lead to Serious Adverse Effects." - in "US sounds alarm on 3 new diabetes drugs", The Economic Times, 20 May 2015.

Canagliflozin

"Canagliflozin: sold under the brand name Invokana among others, is a medication used to treat type 2 diabetes.

Common Side Effects: vaginal yeast infections, nausea, constipation, and urinary tract infections.

Serious Side Effects: low blood sugar, Fournier's gangrene, leg amputation, kidney problems, high blood potassium, and low blood pressure.

Diabetic ketoacidosis may occur despite nearly normal blood sugar levels.

Canagliflozin was approved for medical use in the United States, in the European Union, and in Australia in 2013.

It is on the World Health Organization's List of Essential Medicines.

In 2020, it was the 294th most commonly prescribed medication in the United States, with more than 1 Million prescriptions." - in "Wikipedia", 20 June 2023.

Dapagliflozin

"Dapagliflozin, sold under the brand names Farxiga (US) and Forxiga (EU) among others, is a medication used to treat type 2 diabetes.

Common Side Effects: Hypoglycaemia (low blood sugar), urinary tract infections, genital infections, and volume depletion (reduced amount of water in the body).

Diabetic ketoacidosis is a Common Side Effect in type 1 diabetic patients.

Serious side effects: Fournier gangrene.

It was developed by Bristol-Myers Squibb in partnership with AstraZeneca.

It is on the World Health Organization's List of Essential Medicines.

In 2020, it was the 217th most commonly prescribed medication in the United States, with more than 2 Million prescriptions.

Dapagliflozin is available as a generic medication." - in "Wikipedia", 23 June 2023.

Empagliflozin

"Empagliflozin, sold under the brand name Jardiance among others, is an antidiabetic medication used to improve glucose control in people with type 2 diabetes.

Common Side Effects: Hyperventilation, anorexia, abdominal pain, nausea, vomiting, lethargy, mental status changes, hypotension, acute kidney injury, and vaginal yeast infections.

Serious Side Effects: Skin infection of the groin called Fournier's gangrene and a form of diabetic ketoacidosis with normal blood sugar levels.

Empagliflozin was approved for medical use in the United States and in the European Union in 2014.

It is on the World Health Organization's List of Essential Medicines.

In 2020, it was the 102nd most commonly prescribed medication in the United States, with more than 6 Million prescriptions.

It has received approval as a generic medication from the US Food and Drug Administration (FDA)." - in "Wikipedia", 23 June 2023.

Chapter 16

Bill Gates Business Plan

"Cartels can control a man's action and philosophy." - *Joseph Borkin, in "Germany's Master Plan; The Story Of Industrial Offensive", 1943.*

"I'm going to talk today about energy and climate.

And that might seem a bit surprising, because my full-time work at the Foundation is mostly about **vaccines and seeds.**

The price of energy is very important to them.

The price of energy has come down over time.

In the 1900s, we've seen a very rapid decline in the price of electricity, and that's why we have refrigerators, air-conditioning; we can make modern materials and do so many things.

And so, we're in a wonderful situation with electricity in the rich world.

But as we make it cheaper, we need to meet a new constraint, and that constraint has to do with CO2.

CO2 is warming the planet.

First, we've got population.

The world today has 6.8 billion people.

That's headed up to about 9 billion.

Now, **if we do a really great job on new Vaccines**, health care, reproductive health services, **we could lower that by, perhaps, 10% or 15%."** - Bill Gates, in "Innovating to zero!", 2010.

The Global Health Program - 2000

"Improving the health of women and children, particularly in the developing world, is the overriding goal of the **Global Health Program.**

We are presently focusing our attention on:

Vaccine Preventable Diseases

Vaccines are the foundation of infectious disease control and represent the best hope for improving the health and well being of the world's poorest children.

Priorities include:

Expanding access to life-saving Vaccines for the world's poorest children

Developing New Vaccines against diseases ravaging the developing world, such as HIV/AIDS, tuberculosis and malaria.

Dr Gordon W. Perkin, MD directs the Global Health Program.

Dr William Foege, MD, serves as Senior Global Health Advisor." - in Global Health", Bill & Melinda Gates Foundation, 2000.

Gates & Fauci Co.

"This must be anywhere from 10 to 15 years ago [2000].
He had a bunch of international global health leaders that he invited to his home.
Was showing everyone on a tour of the house. And he said "can I have some time with you in my library," this amazingly beautiful library.
I kind of wanted to see the tour of the house, because I thought it's a neat house.
But so we went into his library. And we sat down.
And it was there that he said:

"Tony, you run the biggest Infectious Disease Institute of the world.
And I want to be sure the money I spent is well spent.
Why don't we really get to know each other?
Why don't we be partners?"

Our interactions our collaborations became closer and closer with tuberculosis, with HIV, with the vaccine trials." *- Anthony Fauci, (voice recorder) in "Can Bill Gates Vaccinate the World?", New York Times, 3 March 2021.*

"There's no doubt in anyone's mind, there will be a surprise outbreak." *- Anthony Fauci, in* ***"Forum on Pandemic Preparedness"****, Georgetown University Medical Center, organized by Center for Global Health Science and Security in partnership with the Harvard Global Health Institute, 10 January 2017.*

Gates & Fauci Meet To Research Opportunities In Global Health - 2017

"National Institutes of Health (NIH) Director Dr Francis Collins, and National Institute of Allergy and Infectious Diseases (NIAID) Director Dr Anthony Fauci, meet with Bill Gates to discuss Research Opportunities in Global Health in June 2017 at NIH." *- in "Bill Gates and Dr. Fauci talk regularly — here's what they're discussing now", CNBC, 11 February 2021.*

Gates & Fauci Talk Regularly - 2021

"Dr Anthony Fauci and Bill Gates talk regularly these days, they mostly talk about ending the pandemic.

*"**[Fauci], and I were talking about** the critical path in our last call and **how to orchestrate Gates Foundation resources and government resources** to get to the bottom of those questions." - Bill Gates*

"We're talking a lot about these variants and what that will do", Gates Foundation has committed $1.75 Billion to the fight against Covid-19, told Frances Stead Sellers during a Washington Post Live Special.

There are multiple Covid variants, emerging from the United Kingdom, South Africa and Brazil, which spread more easily and quickly.

Gates foundation is funding trials in Brazil and South Africa that will produce more definitive data about whether or not a new vaccine is needed." - in "Bill Gates and Dr. Fauci talk regularly — here's what they're discussing now", CNBC, 11 February 2021.

The Return on Investment

*"Journalist - **You've invested $10 Billion dollars in Vaccinations over the last two decades and you figured out the return on investment for that**, and it kind of stunned me.*

*Bill Gates - **There's been over a 20 to 1 return."** - Bill Gates in "My 'Best Investment' turned $10 billion into $200 Billion worth of economic benefit", CNBC, 23 January 2019.*

***"The messenger RNA shot producers are projected to break the bank next year, generating combined sales of $93.2 Billion, nearly twice the amount they are expected to rake in this year, says Airfinity. The health data analytics group puts total market sales for COVID-19 vaccines in 2022 at $124 Billion, according to data seen by The Financial Times."** - in "Pfizer, Moderna will rake in a combined $93 Billion next year on COVID-19 vaccine sales: report", Fierce Pharma, 18 October 2021.*

The Top 3 House Democrat Leaders Have Pocketed Millions of Dollars From Pharma

"House Democrats selected Rep. Steny Hoyer of Maryland to serve as the next majority leader and Rep. James Clyburn of South Carolina as majority whip, making them the No. 2 and No. 3 most powerful Democrats as their party regains control of the House.

Both lawmakers have received more than $1 Million USD from Pharmaceutical Company political action committees in the past decade.

Adding Rep. Nancy Pelosi, the California Democrat expected to be the next speaker, the three-person House Democratic leadership team has collected more than $2.3 Million USD total in campaign contributions from Drugmakers since the 2007-08 election cycle, according to KHN's database." - in "FiercePharma", 29 November 2018.

"**Pfizer officials paid $1 Million USD for skybox seats to watch Obama accept the Democratic nomination in Denver, at a party convention made possible by donations from AstraZeneca, Eli Lilly, Amgen, and Merck.**

The chief executives of the largest drugmakers mingled with Democratic National Committee officials at invitation-only events.

PhRMA, according to OpenSecrets, has given $14.6 Million USD to the American Action Network over the last 5 years, a dark money group that transferred $26.4 Million to the Congressional Leadership Fund, the super PAC associated with House Republican leadership during the 2020 elections.

PhRMA also financed groups for Democrats, including the major super PACs tied to party leadership and Center Forward, a dark-money group that supports moderate Democrats." - in "The Intercept", 29 October 2021.

More Than 2/3 of Congress Cashed a Pharma Campaign Check in 2020

"72 senators and 302 members of the House of Representatives cashed a check from the Pharmaceutical Industry ahead of the 2020 election — representing more than two-thirds of Congress, according to a new STAT analysis of records for the full election cycle.

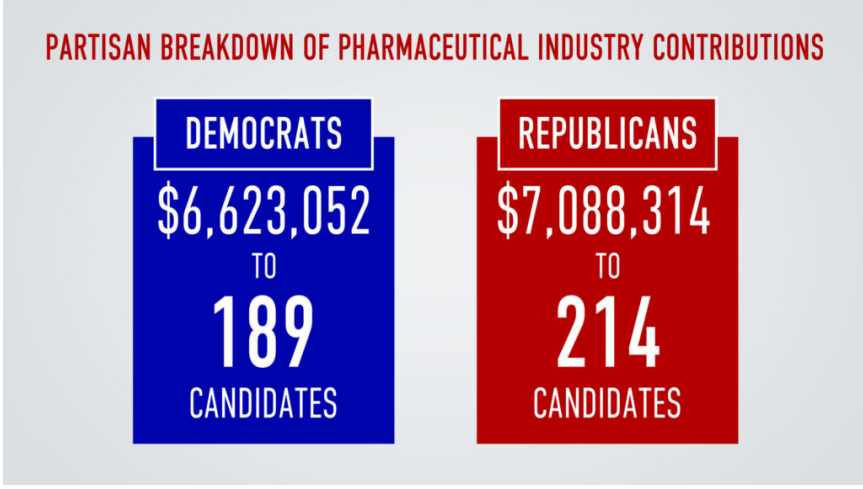
Pfizer's political action committee alone contributed to 228 lawmakers.

Amgen's PAC donated to 218, meaning that each company helped to fund the campaigns of nearly half the lawmakers on Capitol Hill.

Overall, the sector donated $14 Million USD.

Donations from companies like Pfizer and Amgen are among the most visibly widespread.

Pfizer also wrote checks to 1,048 individual candidates in state legislative races." - in "STAT", 9 June 2021.



- in "STAT", 9 June 2021.

$4.7 Billion Pharma Donation To Politicians An Average Of $233 Million Per Year

"From 1999 to 2018, the Pharmaceutical and Health Product Industry recorded $4.7 Billion—an average of $233 Million per year—in lobbying expenditures at the federal level, more than any other industry.

The trade group Pharmaceutical Research and Manufacturers of America accounted for $422 Million (9.0%), and the other 19 top companies and organizations in this Industry accounted for $2.2 Billion (46.8%).

The Industry spent $414 Million on contributions to Candidates in Presidential and Congressional elections, National Party Committees, and outside spending groups.

Of this amount, $22 Million went to Presidential Candidates and $214 Million went to Congressional Candidates.

Of the 20 Senators and 20 Representatives who received the most contributions, 39 belonged to Committees with Jurisdiction over Health-Related Legislative Matters, 24 of them in Senior positions.

The Industry contributed $877 Million to State Candidates and Committees, of which $399 Million (45.5%) went to recipients in California and $287 Million (32.7%) went to recipients in 9 other states.

In years in which key state referenda on reforms in drug pricing and regulation were being voted on, **there were large spikes in contributions to groups** that opposed or supported the reforms.

From 1999 to 2018, the Pharmaceutical and Health Product Industry spent large sums of money on lobbying and campaign contributions to influence legislative and election outcomes." - in "Lobbying Expenditures and Campaign Contributions by the Pharmaceutical and Health Product Industry in the United States, 1999-2018", JAMA Intern. Med., 1 May 2020.

Lawmakers Accepted Funding from Pharmaceutical Companies

"Two-thirds of the state legislature accepted at least one campaign check from the Drug Industry during the 2020 election cycle.

The Trade group PhRMA, alone, wrote checks to 43 of the legislature's 90 lawmakers.

It was even more dramatic in Louisiana, where 84% of lawmakers accepted funding from Pharmaceutical Companies.

In California, it was 82%, and in Illinois, 76% of legislators cashed a check." - in "STAT", 9 June 2021.

Keir Starmer meets Bill Gates in Parliament

"Labour Party leader Sir Keir Starmer met Bill Gates in Parliament.

The Microsoft co-founder and billionaire and Sir Keir discussed a range of issues including Climate Change and Global Health.

Mr Gates, whose Bill & Melinda Gates Foundation is one of the largest philanthropic bodies of its kind, led a global funding drive in response to the Covid-19 Pandemic." - in "The Independent", 26 October 2022.

The Gates Foundation Had a Huge Influence Over the COVID

"I am Peter Flaherty, Chairman of the National Legal and Policy Center.

If we had an independent chair, the Company would be less identified with Mr. Buffett's political activities.

He's donated more than $100 Billion to the Bill and Melinda Gates Foundation.

50% of the Bill Gates Foundation,
Funding Comes From Warren Buffett

As Bill Gates explained: "Although the foundation bears our names, basically half our resources have come from Warren Buffett."

If "woke" culture is a disease, then philanthropy is the virus.

The Gates Foundation bankrolls the teaching of Critical Race Theory around the country, including that math is inherently racist.

The Gates Foundation offers a Gender Identity Toolbox, which asserts that gender is the result of "socially and culturally constructed ideas."

This is a lie.

Gender is not a cultural construct.

It Is A Biological Fact.

The Gates Foundation had a huge influence over the COVID.

The Gates Foundation may be the largest single donor to the "dark money" machine known as Arabella Associates which funds causes like de-funding the police that are making American cities un-liveable.

Money goes, too, to groups conducting threatening and vulgar protests at their homes of Supreme Court Justices.

Mr. Buffett has quietly funnelled more than $4 Billion to groups supporting abortion on demand through the Susan Thompson Buffett Foundation.

That's $4 Billion, with a B. Advocacy disguised as philanthropy.

Bill Gates has lamented political polarization and even worried aloud about a civil war.

But it is billionaires who are funding the most shrill and extreme activists who are tearing our country apart.

Ironically, Mr. Buffett has pointed out that corporate executives can make a lot of people mad when they insert themselves into controversy.

Anheuser-Busch gets a perfect grade on the Human Rights Campaign scorecard, as do Berkshire portfolio companies like Coca-Cola, Bank of America, and Apple.

Bank of America and Apple help bankroll this group, which wants biological men to compete in women's sports.

Worse, it is currently pressuring state legislatures to allow sex change operations on children, and to keep their parents out of the decision.

Let's revisit Coca-Cola CEO James Quincey, a British citizen, tried to kill Georgia's voter integrity law in 2021 by making inaccurate and inflammatory statements about it.

That's the law that President Biden called "Jim Crow 2.0", and which prompted Major League Baseball to move the All-Star game out of Atlanta.

Mr. Buffett jumped on the bandwagon, too, by signing a statement by corporate leaders suggesting that Republicans seek to restrict ballot access based on race.

Two years later, we can now evaluate that accusation.

Last year, an election was held in Georgia.

Turnout was record breaking.

According to an independent poll, 99% of voters said they had "no problem" casting ballots.

92% said the new law either had no impact on their ability to vote or made it easier.

James Quincey, Coca-Cola CEO was wrong, and Mr. Buffett, so were you." - Peter Flaherty at the "Berkshire Annual Meeting", Omaha, Nebraska, 6May 2023.

The Gates & Fauci "Pandemic" - Driven

If You Want To Get To Pre-Coronavirus That Might Not Ever Happen

"If you want to get to pre-coronavirus.

You know, that might not ever happen, in the sense of **the fact that the threat is there.**

But I believe with **the therapies that will be coming online** and with **the fact that I feel confident that over a period of time we will get a good vaccine**, that we will never have to get back to where we are right back now." - Dr Anthony Fauci, MD in "White House Press Conference", 6 April 2020.

Coronavirus Will Disappear Without A Vaccine

"Trump says coronavirus will disappear without a vaccine, but Fauci says opposite." *- in "The Independent", 9 May 2020.*

Investment in Health Data & Creating Models

"This year alone (2020), the Gates Foundation has already given $79 Million to Imperial College, and in 2017 the Foundation announced a $279 Million investment into the Institute for Health Metrics and Evaluation (IHME), a Global Health research center at the University of Washington in Seattle, to expand its work collecting Health Data and Creating Models.

Dr Anthony Fauci, MD, meanwhile, has become the face of the US Government's coronavirus response, echoing Bill Gates assertion that the country will not "get back to normal" until "a good Vaccine" can be found.

Beyond just their frequent collaborations and cooperation in the past, Fauci has direct ties to Gates projects and funding.

Decade of Vaccines $10 Billion of Funding

In 2010, Dr Fauci was appointed to the Leadership Council of the Bill Gates "Decade of Vaccines" Program, this to implement "A Global Vaccine Action Plan."

The Gates Foundation committed $10 Billion.

In October 2019, just as the current "pandemic" was beginning, the Gates Foundation announced a $100 Million contribution to the National Institute of Health (NIH), - to help - among other programs, Dr Fauci National Institute of Allergy and Infectious Diseases (NIAID), research into HIV." - James Corbett, "Who is Bill Gates", The Corbett Report, 1 May 2020.

Fox Fires Tucker Carlson 5 Days After He Crosses The Red Line

"Fox fires Tucker Carlson 5 days after he crosses the red line by acknowledging that the TV networks pushed a deadly and ineffective vaccine to please their Pharma advertisers. Carlson's breathtakingly courageous 19 April 2023 monologue broke TV's 2 biggest rules: ***Tucker told the truth about how Greedy Pharma Advertisers controlled TV News content*** *and he lambasted obsequious newscasters for Promoting Jabs they knew to be Lethal and Worthless. For many years, Tucker has had the nation's biggest audience averaging 3.5 Million — 10 times the size of CNN. Fox just demonstrated the terrifying power of Big Pharma." - Robert F. Kennedy Jr, US Presidential Candidate in "Twitter", 24 April 2023.*

"Good evening and welcome to Tucker Carlson tonight **sometimes you wonder just how filthy and dishonest our News Media are.**

They'll be in the shower, and you'll think they're bad, but how bad are they. Well here's one measure of their Badness, you can try this at home ask yourself:

> ***Is any news organization you know of so corrupt that it's willing to hurt you on behalf of its biggest advertisers?***

Anyone who do that is obviously Pablo Escobar level corrupt, and should not be trusted.

What would that look like that level of corruption?

Well, imagine that the Trump administration had made it mandatory for American citizens to buy My Pillow, that's one of Fox News biggest advertisers.

Imagine the administration declared that if you didn't rush out and buy at least one My Pillow, and then at least another Booster Pillow, you would not be allowed to eat out, you couldn't re-enter your own country, you couldn't have a paying job.

My Pillow they told you with a straight face was the very linchpin of our country's Public Health System.

Imagine as they told you that Fox as a news organization endorsed it amplified the government's message, imagine if Fox News attacked anyone who refused to buy My Pillow, as an ally of Russia, as an enemy of Science, and then imagine that Fox News kept up those Sibelius attacks, even as **evidence mounted that My Pillow caused Heart Attacks, Fertility Problems, and Death.**

If Fox News did that what would you think of Fox News?

Would you trust us, of course you wouldn't, you would know that we were liars.

Thank heaven Fox News never did anything like that.

But **the other Channels did, the other Channels took Hundreds of Millions of Dollars from Big Pharma Companies, and then they shelled for their sketchy products on the air, and as they did that they maligned anyone who was sceptical of those products.**

At the very least this was a Moral Crime it was disgusting, but it was universal it happened across the American News Media, they all did it so at this point the question isn't who in public life is corrupt, too many to count the question is who is telling the truth.

There are not many of those, one of them is Robert F. Kennedy Jr.

Robert Kennedy knew early that the coveted **Vaccines were both ineffective and potentially dangerous**, and he said so in public to the extent he was allowed.

Science has since proven Robert F. Kennedy Jr, right unequivocally right, but Kennedy was not rewarded for this, he was vilified **he was censored, because he dared to**

criticize their advertisers, the news media called Bobby Kennedy a Nazi, and then they attacked his family.

But he kept doing it, he was not intimidated, and we were glad he wasn't.

This is one of those moments when it's nice to have a truth teller around, it's helpful, because suddenly the stakes are very high." - Tucker Carlson in "Tonight", FOX News, 19 April 2023.

> *"Not retribution, but justice!* ***As President, I will direct my attorney general to investigate and prosecute every person who knowingly Defrauded or Deceived the American public about the safety and efficacy of Medical Products*** *and* ***I will obtain justice and compensation for every American who was Injured or suffered the Death of family members from those actions.*** *As a presidential candidate,* ***I'll continue to expose corruption to obtain justice for the injured."*** *- Robert F. Kennedy Jr, US Presidential Candidate in "Twitter", 27 April 2023.*

> ***"It is dawning on mainstream figures like Anthony Fauci that their Covid policies were a Public Health Disaster.*** *Lots of us are angry about the Mandates, the Lockdowns, the Censorship, the Insanity. But we need to avoid the toxic quagmire of retribution and blame and focus on ensuring this never happens again.* ***Clean up the regulatory agencies, get Corporate Money out of Public Health, and guarantee free, open, uncensored public and scientific discourse."*** *- Robert F. Kennedy Jr, US Presidential Candidate in "Twitter", 26 April 2023.*

Spot The Circus of the Medical Trade Clowns With Masks

Blackfriars Depot, Chippendale NSW, Australia, during the so-called "flu epidemic", April 1919.

The Medical Trade Mask Farce

2020

"There's no reason to be walking around with a mask." - Dr Anthony Fauci, MD, Director of CDC, March 2020.

2021

"Its common sense to wear 2 masks instead of 1." - Dr Anthony Fauci, MD, Director of the CDC, 25 January 2021.

Chapter 17

The UK Government Business Plan - 2017

Pharmaceutical Industry Competitiveness Task Force - 2001

Ministerial Industry Strategy Group - 2001

The first meeting of the Ministerial Industry Strategy Group (MISG), a high-level group bringing together government and pharmaceutical industry representatives, was held on 21 November 2001, as part of the follow-up to the implementation of the Pharmaceutical Industry Competitiveness Task Force (PICTF) recommendations.

Was co-chaired by Health Minister Lord Philip Hunt and Tom McKillop, CEO of AstraZeneca.

The Ministerial Industry Strategy Group was set up following a conclusion in the March 2001 Report of the Pharmaceutical Industry Competitiveness Task Force (PICTF) that a new high-level group be required to take the Government-Industry relationship forward at a strategic level.

> *"The Ministerial Industry Strategy Group meets twice a year since its introduction in November 2001.*
> *Its focus is discussion of strategic issues. It considers in particular overall progress on action agreed in Pharmaceutical Industry Competitiveness Task Force (and any subsequent strategic tasks/ issues identified after PICTF) and on competitiveness indicators, and sets*

the direction of activity. In order to reflect the structure of PICTF it will be co-chaired by the relevant Department of Health Minister and a company Chief Executive." - in "Pharmaceutical Industry Competitiveness Task Force", 2001.

Originally co-chaired by Health Minister Lord Philip Hunt and Tom McKillop, CEO of AstraZeneca.

The Ministerial Industry Strategy Group was set up following a conclusion in the March 2001 Report of the Pharmaceutical Industry Competitiveness Task Force (PICTF) that a new high-level group be required to take the UK Government-Industry relationship forward at a strategic level.

Industry

Richard Barker (Director General, ABPI)

Clive Dix (President, Bio-lndustry Association & Chairman Modern Bio-Sciences PLC,)

Simon Jose (President, ABPI, & General Manager & Senior Vice President, GlaxoSmithKline UK Ltd)

William Burns (European Medicines Group & President of Pharmaceuticals, Roche)

Haruo Naito (Japanese Pharmaceutical Group & CEO, Eisai)

John Young (American Pharma Group & Country Manager and Managing Director of Worldwide Pharmaceutical Operations, Pfizer)

Eddie Gray (British Pharma Group & President, Pharmaceuticals Europe, GlaxoSmithKline)

Sir Mike Rawlins, Sir David Nicholson and officials from the Department of Health, HMT, BIS, DCSF, Medicines and Healthcare Regulatory products Agency, and UK Trade and Investment also attend.

Ministers and officials from other government departments and other representatives from industry attend as and when necessary.

MISG long term strategy

It was agreed at the December 2004 MISG a process to develop a long term strategy for medicines needs to be designed to secure the provision of safe and effective medicines for patients, **maintain and strengthen the UK pharmaceuticals industry within Europe, and to advance healthcare innovation with the NHS.**

To Promote a Strong and Profitable UK Based Bio Pharmaceutical Industry - 2011

"Government Members

Rt Hon Andrew Lansley MP (co-chair) Secretary of State for Health Earl Howe Parliamentary Under Secretary of State for Quality – Lords Rt Hon David Willetts MP Minister of State for Universities and Science,

Industry Members

David Brennan (co-chair) British Pharma Group (CEO, AstraZeneca)

Stephen Whitehead Chief Executive, ABPI

Eddie Gray British Pharma Group (President, Pharma Europe, GlaxoSmithKline)

John Young American Pharma Group (Regional President Primary Care Europe, Canada, Australia & New Zealand, Pfizer Ltd)

Tim Edwards Chair BIA (CEO, Cellzome)

Nigel Gaymond Chief Executive BIA

Simon Jose President ABPI (General Manager & Senior Vice President, GlaxoSmithKline UK Ltd)

William Burns European Medicines Group (Chief Executive Officer, Pharmaceutical Division, Roche Carolina Inc)

Kenji Toda Japanese Pharma Group (Senior Vice President, Eisai Co Ltd)

Industry Guests

Matthew Speers MISG Medicines Access Group Chair (Managing Director UK & Ireland, UCB Pharma Ltd)

Government Officials

Jim Easton National Director for Efficiency and Improvement,
DH Giles Denham Head of Medicines, Pharmacy & Industry Group
Judy Britton Deputy Director, Office for Life Sciences, BIS
David Keenan HMT
Professor Sir John Bell Chair of OSCHR
Sir Mike Rawlins Chair, NICE
Dr Louise Wood Deputy Director, Head of NHS Research Infrastructure and Industry R&D Relations
Sir Alasdair Breckenridge Chairman, MHRA
Professor Kent Woods CEO, MHRA
Chris Brinsmead Government Life Science Business Adviser

Secretariat

Naima Khondkar MPIG – Department of Health
Sue Middleton British Pharma Group

Apologies

Government

Rt Hon Vince Cable MP Secretary of State for Business
Lord Sassoon Commercial Secretary to the Treasury
Sir David Nicholson Chief Executive, NHS
Professor Dame Sally Davies CMO/Director General of Research and Development

Agenda Item

1.2. **Secretary of State (SofS) highlighted some of the strategic areas the Government would be focusing on, notably strengthening the UK as an environment for clinical trials, and enabling the NHS to be an engine for innovation. He noted the welcome from industry on the recommendations of the Healthcare and Life Sciences Growth plan. SofS confirmed the Government's commitment to ensuring that the UK provided an attractive environment for research and development: in particular, the Health Research Authority would be established, and clear benchmarks on recruitment into clinical trials (the 70 days or fewer standard) would be set out, in response to the issues raised in the Academy of Medical Sciences report.**

1.3. Earl Howe (EH) **announced the formation of an Innovation and Growth Policy and Delivery Group within Department of Health (DH),** which he will chair, to bring together work on the key components in the Growth Plan for which the Department has the lead. This will enable him to keep a close handle on progress with implementation.

1.4. David Willetts (DW) confirmed the Government's commitment to the life sciences sector. **Policies such as the efforts to improve the clinical trials environment**; the patent box; **the proposed cell therapy Technology Innovation Centre,** the protection of the science budget in the Spending Review and the continuation of funding for the MRC all demonstrated this commitment

2.5. SJ also highlighted that it was important that **this was seen to support investment in the UK and leverage global leadership. The UK has global influence – 25% of world referenced UK prices and as the second largest global beneficiary of industry investment, the UK has more to gain or lose from the success of the global industry. Industry capability to invest in R&D is directly related to global profitability so the UK should want to work with industry to ensure that the need for healthcare systems** to

derive value for money from medicines is balanced with the need to support innovation.

2.7. SofS said that NICE was a powerful asset and had had a global impact. SofS asked the industry to define what would make **the UK an attractive commercial market, and the role of the NHS**. Through VBP, there would be scope for early launch. **NHS data could provide the potential to demonstrate a medicine's impact on a diverse population.**

There was a strong basis for UK to be a world reference point for new medicines.

> *(The National Institute for Health and Care Excellence (NICE) is an executive non-departmental public body of the Department of Health and Social Care in England that publishes guidelines in 4 areas: the use of health technologies within the National Health Service (NHS) (such as* ***the use of new and existing medicines, treatments and procedures)*** *clinical practice* ***(guidance on the appropriate treatment and care of people with specific diseases and conditions) guidance for public sector workers on health promotion and ill-health avoidance guidance for social care services*** *and users.)*

3.4. Eddie Gray (EG) commented that, **in the growth review, manufacturing advance**s had not been considered within the regulatory environment.

DW confirmed that BIS **were looking at regulations as a whole and MHRA confirmed that a meeting on the issue of manufacturing was being held in July.**

5.3. Nigel Gaymond raised the issue of how the UK was being promoted globally.

There was growing interest internationally in what was happening in the UK. DW stated that **there had been a**

clear message articulated by all members of the Government, that the UK was open for business. Lord Green (Minister for Trade & Investment) was also working on improving support to industry in promoting the UK. SofS suggested **in this respect that NHS Global might be a useful agenda** item for discussion at the next MISG.

5.4. The Chair concluded the meeting commenting that while there was still work to be done in important areas such as VBP, **both Government and Industry Shared Common Goals."**- in " Ministerial (Bio-Pharmaceutical) Industry Strategy Group", Secretariat, 1 June 2011.

"The Ministerial Industry Strategy Group (MISG) brings together government and the bio-pharmaceutical industry. The purpose of the group is to jointly consider how ***to promote a strong and profitable UK-based bio-pharmaceutical industry. The group is co-chaired by the Secretary of State for Health and the Chairman of the British Pharma Group."*** *- in "Ministerial Industry Strategy Group", GOV.UK, 7 September 2015.*

"Tommy Dolan introduced a paper from the Medicines Manufacturing Industry Partnership (MMIP) describing progress on its core work-streams including ***adopting new manufacturing technologies and increasing manufacturing in the UK, thus contributing to exports."*** *- in "Ministerial (Bio-Pharmaceutical) Industry Strategy Group", 10 June 2015.*

The Influence of the Pharmaceutical Industry - 2005

"Conclusions:

336. **The UK-based Pharmaceutical Industry is large, profitable and highly competitive; it has understandably been described as "world class and a jewel in the crown of the UK economy".** (9 PICTF Report 2002)

The industry has an outstanding record in developing new medicines, and is a major source of funding of medical research.

The industry's products include many lifesaving and important drugs which greatly benefit many people **and contribute substantially to national health.**

337. **The commercial success of the industry is not in doubt, nor is its ability to produce excellent science and important drugs; however, its ability to put the health of the nation consistently before the needs and expectations of its shareholders may be questioned**.

The evidence to this inquiry indicated that, **in recent years, large pharmaceutical companies have become ever more focused on a marketing-based approach.**

This is the source of many of the problems we have identified.

However, **these problems are global.**

338. In Chapter 8 we examined the overall influence of the pharmaceutical industry. It is widely welcomed and relied on, but it is also pervasive and persistent.

Our over-riding concerns are about the volume, extent and intensity of the industry's influence, not only on clinical medicine and research but also on patients, regulators, the media, civil servants and politicians.

This makes it all the more important to examine critically the industry's impact on health and to guard against excessive and damaging dependencies.

In some circumstances, one particular item of influence may be of relatively little importance.

Only when it is viewed as part of a larger package of influences is the true effect of the company's activity recognised and the potential for distortion seen.

The possibility that certain components of any such campaign are covert and their source undeclared is particularly worrying.

340. Our over-arching conclusion is that the UK pharmaceutical industry is in many ways outstanding, and **is of great economic importance; however, for want of critical scrutiny by, and lack of deference and accountability to, the public and public bodies, the industry lacks the discipline and quality control that it needs but cannot itself provide.**

In particular:

The influence of the pharmaceutical industry is such that it dominates clinical practice, to an extent that deprives it of independent and constructively critical feedback.

The industry's complaints of excessive regulation are understandable but self regulation is not at present effective.

It could take on greater responsibility for regulation when its activities are fully transparent and effectively audited.

The regulatory authority, which is responsible for controlling much of the behaviour of the industry has significant failings.

Lack of transparency has played a major part in allowing failings to continue.

The traditional secrecy in the drug regulatory process has insulated regulators from the feedback that would otherwise check, test and stimulate their policies and performance.

Failure can be measured by the MHRA's poor history in recognising drug risks, poor communication and lack of public trust.

Regulatory secrecy also underpins publication bias, and other unacceptable practices.

The closeness that has developed between regulators and companies has deprived the industry of rigorous quality control and audit.

Other bodies are in a position to provide feedback and quality control.

However, representatives of these interests have had only limited success in containing excessive industry influence.

This can be partly attributed to lack of transparency, limited resources, significant dependency on industry funding, and some conflicts of interest.

The Government and the EU appear to believe that trade imperatives and health priorities are as one.

The evidence received from the Department of Health was remarkable for its denial that any significant conflict between commercial and health objectives might arise that was not properly addressed through existing process and systems.

We do not doubt the legitimacy of commercial objectives, the contributions of the pharmaceutical industry to health and the overlap of commercial and health interests, **but this inquiry left us in no doubt that the scope for conflict between health and trade interests is huge.**

We firmly believe that the Department and the MHRA should focus on health priorities.

341. The failings we have described have consequences, in particular:

The Unsafe Use of Drugs; and

The Increasing Medicalisation of Society.

These problems have existed in many countries.

The UK may have a better record than many others.

Drugs have been used unsafely in every country and we have no doubt that the drift towards Medicalisation is a Global Phenomenon.

Unsafe Use of Drugs

342. **A number of drugs which have been licensed and widely prescribed, have produced severe adverse reactions, and in some cases death, in large numbers of people.**

In this report we have highlighted the problems with SSRIs antidepressants, notably Seroxat, and the COX-2 inhibitors, Vioxx and Celebrex.

343. **Problems with these and other drugs have revealed major failings not just in the pharmaceutical industry relating to the design and presentation of clinical trials and the supply of data to the regulator, but also in the regulatory system. The regulator's analysis of trial data and advice to prescribers and patients have been inadequate and its responses to indications of adverse reactions slow. Moreover, some doctors' prescribing habits and their reaction to promotional activity have been unsatisfactory.**

344. **The regulatory system relies mainly on scrutiny of clinical trials as a condition of drug approval.**

By emphasising the dominant, distinctive and more appealing characteristics of drug products, this output is inevitably **focused on drug use under model and optimal conditions.**

The evidence overwhelmingly suggests that, under 'normal' conditions, drug problems mainly arise because of failures to understand the significance of their established effects, lack of information and transparency and flaws in communications – often closely related to (quantitatively and qualitatively) **excessive promotion.**

345. **We know that, in the US, the manufacturers of Vioxx and Celebrex did not act in good faith in that they failed to supply all the data in their possession to the regulator at the time of licence application.**

This may also have been the case in the UK.

Whether the MHRA effectively evaluated the benefit: risk profile of these drugs is unclear, as we cannot be certain that all studies were provided during the licensing application.

346. **We can be sure, however, that the clinical trials of Seroxat and other SSRI antidepressants were not adequately scrutinised.**

The failings of Seroxat and other SSRIs should have been picked up by a more careful examination of the evidence presented in the Phase III clinical trials and suitable prescribing advice should have been issued on this basis.

347. Although the case of Seroxat has been described in greater detail elsewhere in this report, it is worth noting here that, in additional information provided to the Committee on the basis of the EWG's report on SSRIs, **it has been shown that suicidal thoughts and hostility are twice as common in patients receiving Seroxat in the month following drug withdrawal as in those receiving placebo.**

Data contained in the licence application itself cited studies in which withdrawal symptoms were common. Yet for years the MHRA maintained that withdrawal symptoms were rare, affecting of the order of 0.1–0.2% of patients.

The Agency now acknowledges that 20–30% of patients might experience withdrawal symptoms when stopping SSRIs.

348. **Prescribers must take their share of the blame for the problems that have resulted from the prescribing of SSRI antidepressants and COX-2 inhibitors.**

There is no doubt that these medicines have been indiscriminately prescribed on a grand scale.

This is partly attributable to intensive promotional activity, especially around the time of drug launch, but also the consequence of data secrecy **and uncritical acceptance of drug company views.**

It seems that intensive marketing has worked to persuade too many professionals that they can prescribe with impunity. There is a lack of any effective mechanism for tempering the prescribing explosion often seen in the months following a product launch.

We have been told time and again that this is the most important period in drug promotion terms, but is also the time when least is known about the product.

349. Such problems are compounded by an excessive reliance on results from pre-marketing clinical trials, together with a **failing system of pharmacovigilance.**

The lack of pro-active and systematic monitoring of drug effects and health outcomes in normal clinical use is worrying.

Improvements in post-marketing surveillance are clearly needed and would, no doubt, have led to the earlier detection of problems with SSRI antidepressants, COX-2 inhibitors and other drugs.

Medicalisation of Society: "A Pill For Every Ill"

350. A major and recurring issue raised during the inquiry is **the increased 'medicalisation' of our society – the pill for every problem.**

With over-the-counter statins now promoted for all men over the age of 55, for example, and a vast array of preventative treatments and supplements, **it is easy to believe that everybody will be self-medicating every day in the near future.**

We were pleased that Lord Warner seemed to share our concerns in this regard:

> *"Certainly, if I may put it this way, as a citizen and a father, I have some concerns that sometimes we do, as a society, wish to put labels on things which are just part and parcel of the human condition."*

351. **The belief that every problem may be solved with medication seems particularly relevant in the context of antidepressants.**

It is also clear that SSRIs, in particular, have been over-prescribed to individuals, often with mild forms of depression, who may be distressed by difficult life circumstances.

Unhappiness is part of the spectrum of human experience, not a medical condition.

352. **This trend has not been created by the Pharmaceutical Industry but it has been encouraged by it.**

The industry has acted, in the words of some witnesses, as a "disease-monger", with the aim of categorising an increasing number of individuals as "abnormal" and thereby requiring (drug) treatment.

This process has led to an unhealthy over-reliance on, and an over-use of, medicines.

Marketing

358. The marketing of medicines is strictly regulated, and sometimes excessively so, but, nevertheless, there are failings.

Three are of particular concern.

The first relates to the volume of promotional material.

The quantity of promotional material that may be given to prescribers is limited only indirectly by the PPRS.

Doctors are already deluged with promotional messages following the release of a new medicine, and nurses and pharmacists will increasingly be so in future. **In the absence of information from alternative, non-industry sources, prescribing levels of new drugs may be unjustifiably high.**

We recommend that, limits be set as to the quantity of material prescribers receive, particularly in the first 6 months after launch. Less experienced and nonspecialist doctors are ill-equipped to cope effectively with the promotional material.

The pressure on nurses and pharmacists is likely to intensify as their prescribing powers are further extended.

Stricter controls are needed in respect of drug company representatives promotion of their products to junior doctors and to nurses or pharmacists with new prescribing powers.

359. The second **concerns the reporting of illegal marketing practices.**

360. Thirdly, **procedures for investigating complaints about breaches of regulations are too slow, poorly enforced and weakly sanctioned.**

We recommend a major review of the investigation of complaints to ensure the process is far quicker and that effective sanctions are enforced." - in "The Influence of the Pharmaceutical Industry, House of Commons Health Committee, Fourth Report of Session 2004–05, Volume I Report, together with formal minutes Ordered by The House of Commons, 22 March 2005.

A Jewel in the Crown of The UK Economy

"Medicines contribute enormously to the health of the nation.

Our consumption of drugs is vast and is increasing.

About 650 million prescriptions are written each year by GPs alone.

Medicines cost the NHS in England over £7 Billion every year, 80% of which is spent on branded (patented) products.

The industry which has produced these drugs has understandably been described as "world class and a jewel in the crown of the UK economy".

It is the third most profitable economic activity after tourism and finance.

While **the United States is the industry's largest market and is the site of most drug research and development, the UK industry, nevertheless, has a remarkably impressive**

record. It is a centre of world class science, accounting for 10% of global pharmaceutical R&D expenditure.

It has been estimated to fund 65% of all health-related R & D in the UK.

However, there are disadvantages in the increasing use of and reliance on medicines.

The inappropriate or excessive use of medicines can cause distress, ill-health, hospitalisation and even death.

Adverse drug reactions are responsible for about 5% of all admissions to hospitals in the UK.

The interests of Pharmaceutical Companies and those of the public, patients and the NHS often overlap but they **are not identical.**

For the Industry, Medical need must be combined with the likelihood of a reasonable return on investment.

An effective regulatory regime to ensure that the industry works in the public interest is essential.

Unfortunately, the present regulatory system is failing to provide this.

The system is at times frustrating, arguably with excessive attention to unimportant detail, but it is, as we describe below, insufficiently effective.

The Department of Health has for too long optimistically assumed that the interests of health and of the industry are as one.

This may reflect the fact that the Department sponsors the industry as well as looking after health.

The result is that the industry has been left to its own devices for too long.

It may be relevant that this is the first major select committee inquiry into the Pharmaceutical Industry for almost 100 years - the last was undertaken by the Select Committee on Patent Medicines which reported in August 1914.

The consequences of lax oversight is that the industry's influence has expanded and a number of practices have developed which act against the public interest.

The Industry affects every level of healthcare provision, from the drugs that are initially discovered and developed

through clinical trials, to the promotion of drugs to the prescriber and the patient groups, to the prescription of medicines and the compilation of clinical guidelines.

We heard allegations that clinical trials were not adequately designed - that they could be designed to show the new drug in the best light - and sometimes fail to indicate the true effects of a medicine on health outcomes relevant to the patient.

We were informed of several high-profile cases of suppression of trial results.

We also heard of selective publication strategies and ghost-writing.

The suppression of negative clinical trial findings leads to a body of evidence that does not reflect the true risk:benefit profile of the medicine in question.

Guidance produced by NICE and others relies on the published evidence.

If all the evidence is not published, or if negative findings are hidden, accurate guidance cannot be issued and prescribers cannot make truly evidence-based decisions.

Once licensed, medicines are intensely promoted to prescribers.

Coupled with company-sponsored information from medical journals and supplements, 'medical education' materials, advertisements and sponsorship to attend conferences, workshops and other events, it is little wonder that prescribing practices are affected.

GPs are particular targets; they have more prescribing freedom than hospital specialists and their prescribing practices are not limited to hospital formularies.

Promotion of medicines to patients and links between Drug Companies and patient organisations may add to this problem, leading patients to demand new drugs from their doctors. **At the heart of the problem may be the trend for the industry to become ever more driven by its marketing force.**

The most immediately worrying consequence of the problems described above is the unsafe use of drugs.

Over-prescription of the COX-2 inhibitors, Vioxx and Celebrex, has been linked to Thousands of Deaths and many more cases of Heart Failure.

These case illustrate a series of failures.

Manufacturers are known to have suppressed certain trials for these drugs in the US and may have done the same in the UK.

In addition, there were inadequacies in the licensing and post-marketing surveillance procedures and excessive promotion of the drugs to doctors.

What has been described as the 'medicalisation' of society - the belief that every problem requires medical treatment - may also be attributed in part to the activities of the Pharmaceutical Industry.

There has been a trend towards categorising more and more individuals as 'abnormal' or in need of drug treatment.

The industry is by no means solely to blame for the difficulties we describe.

The regulators and prescribers are also open to criticism.

The regulator, the Medicines and Healthcare products Regulatory Agency (MHRA), has failed to adequately scrutinise licensing data and its post-marketing surveillance is inadequate.

The MHRA Chairman stated that trust was integral to effective regulation, but trust, while convenient, may mean that the regulatory process is not strict enough.

The organisation has been too close to the Industry, a closeness underpinned by common policy objectives, agreed processes, frequent contact, consultation and interchange of staff. **We are concerned that a rather lax regime is exacerbated by the MHRA's need to compete with other European regulators for licence application business.**

Inappropriate prescription of medicines by GPs is of particular concern.

Some have prescribed SSRIs, for instance, on a grand scale." - in "Select Committee on Health Fourth Report", Parliament, UK, 5 April 2005.

International Health Regulations - 2005

"They create rights and **obligations for countries,** including the requirement to report public health events.

The Regulations also outline the criteria to determine whether or not a particular event constitutes a **"public health emergency of international concern".**

Additional provisions address the Areas of **International Travel and Transport such as the Health Documents Required for International Traffic."** - in "International Health Regulations", WHO, 2005.

Exercise Alice - 2016

"If we don't seem to have learned much from Exercise Alice, what can we learn from the attempts to conceal it, asks Martin McKee. In 2016, Public Health England (PHE) had undertaken Exercise Alice, a one day table top exercise to identify any challenges to managing any cases reaching Britain of another coronavirus, MERS-CoV." - in "Exercise Alice: the UK government tested the response to a coronavirus, but why are we only discovering this now?", The BML Opinion, 11 October 2021.

"Exercise Alice was delivered on 15 February 2016, supported by the Department of Health, NHS England and Public Health England. This exercise was commissioned by Department of Health in response to concerns raised by the Chief Medical Officer about the planning and resilience to respond to a large scale outbreak of MERS-CoV in England. **To explore and confirm national command, control, communication and coordination arrangements. To explore the capability for contact tracing and quarantining of possible MERS-CoV cases. To explore and confirm coordination of public messaging associated with a large number of MERS-CoV cases."** - in "The report on Exercise Alice: MERSCoV", Public Health England, 2016.

Exercise Cygnus Pandemic Influenza 18 - 20 October 2016

During the Exercise Cygnus, there was a report that also serves as a Pandemic Operations Manual, in which tells politicians how to act, what to say, and the actual wordings, and phrases to be used.

Basically all that happened during the so-called Covid-19 "Pandemic", was conducted as per the Exercise Cygnus 2016.

"Exercise Cygnus was a cross-government exercise to test the UK's response to a serious influenza pandemic that took place over 3 days in **October 2016 and involved more than 950 people.**

The Department of Health and Social Care (DHSC) and 12 other government departments, as well as NHS Wales, NHS England (NHSE), Public Health England (PHE), local public services, several prisons, and staff from the Scottish, Welsh and Northern Ireland governments took part in the exercise.

The aim was to test systems to the extreme, to identify strengths and weaknesses in the UK's response plans, which would then inform improvements in our resilience.

Exercise Cygnus was not designed to consider other potential pandemics, or to identify what action could be taken to prevent widespread transmission.

Exercise Cygnus identified 4 key learning outcomes:

1. The development of a pandemic 'concept of operations' would assist in managing a cross-government and multi-agency response

2. The introduction of legislative easements would assist with the implementation of measures that might be employed during a pandemic

3. Public reactions in response to a reasonable worst-case pandemic influenza need to be better understood

4. An effective response would require capability and capacity to surge services to meet demand.

Within the 4 key learning outcomes there were 22 recommendations from Exercise Cygnus.

The government accepted all the recommendations from Exercise Cygnus and actions on all 22 recommendations have been taken forward in our pandemic preparedness plans.

These plans, along with expert scientific advice, have been used to inform the UK response to the COVID-19 pandemic." - in "Policy paper, Annex A: about Exercise Cygnus", GOV.UK, 5 November 2020.

"Exercise Cygnus was a command post exercise delivered by Public Health England on behalf of the Department of Health.

This was part of the Public Health England funded programme directed by the Emergency Preparedness, Resilience and Response Partnership Group chaired by the Department of Health.

The exercise was designed to assess the United Kingdom's preparedness and response to a pandemic influenza outbreak.

It was aimed at responders in Local Resilience Forums, NHS England and Public Health England at local, regional and national level, the Department of Health and other government departments, the Health Departments of Scotland, Wales and Northern Ireland and NHS Wales.

This report identifies lessons relevant to all of the participating organisations and is not restricted to lessons reflecting only the experience of health organisations.

It is suggested that the lessons identified are reviewed by the appropriate organisations to assess if any further action is appropriate." - Director for Health Protection & Medical Director, Public Health England, in "Exercise Cygnus Report, Tier One Command Post Exercise Pandemic Influenza, 18 to 20 October 2016", 13 July 2017.

The Report on Exercise Cygnet - 2017

"Exercise Cygnet was a discussion based exercise held on 2 August 2016 in the Central Hall, Westminster in London.

It was part of the build up to Exercise Cygnus, the Tier 1 pandemic flu exercise on 18-20 October 2016.

The exercise was delivered by PHE ERD's Exercises Team with support from DCLG and OH colleagues.

Exercise Participants

Senior representatives from: OH; NHS England; PHE; the Social Care sector; and, the voluntary sector.

Observers from the **Cabinet Office and Devolved Administrations also attended.**

Maintaining routine vaccination programmes.

PHE and NHS England should identify the circumstances in which they would prioritise healthcare workers and other essential services over other risk groups for vaccination.

They should also consider the implications for the delivery of routine vaccination programmes during a pandemic.

The Scenario at the Start of the Exercise (StartEx)

Before the start of the exercise the participants were presented with a Start Ex pack providing them with material simulating the situation on the morning of 18 October 2016.

The pack contained a Commonly Recognised Information Picture (CRIP) and Actions from a notional Cabinet Office Briefing Room (COBR) meeting held on 17 October 2016.

This notional COBR had met in response to details of predicted case and mortality rates produced for Scientific Advice to Government in Emergencies

(SAGE) by the Scientific Pandemic Influenza Subgroup on Modelling (SPI-M).

These figures indicated that the number of cases and mortality rates in the current pandemic would be close to

the UK's worst case planning figures.

As a result COBR had asked that organisations review their arrangements to cope with the predicted effects of the influenza pandemic.

Exercise Planning

Planning for Exercise Cygnus originally started in 2014.

The exercise was postponed due to the response to the Ebola crisis in the autumn of 2014.

In December 2015 the planning for Cygnus was reinvigorated and planning was continued based on the original scenario and concept." - in "Exercise Cygnus Report, Tier One Command Post Exercise Pandemic Influenza, 18 to 20 October 2016", 13 July 2017.

Virological Diagnostic Services - 2017

"The International Health Regulations (2005) call for all countries to build adequate capacity to combat such **public health emergencies of international concern** thus obviating mortality, morbidity and economic losses.

One such capacity indicator is reliable diagnosis of viral infections.

I am sure that this document will be **of immense use to our Member States in establishing Virological Diagnostic Services** in consonance with the International

Health Regulations (2005), thus **contributing to Global Health Security.**" - Dr Poonam Khetrapal Singh, Regional Director, World Health Organization, 2017.

PM Unveils Plans For A Modern Industrial Strategy Fit For Global Britain - 2017

"Prime Minister Theresa May will use her first regional Cabinet meeting to launch proposals for a modern Industrial Strategy.

New 'sector deals' and investment in research and development will support the industries of the future where Britain has the potential to lead the world – from Electric Vehicles to **Biotech** and Quantum technologies." - in "PM unveils plans for a modern Industrial Strategy fit for Global Britain", 22 January 2017.

Global Leaders in the work to Unlock the Potential of Genomic Medicine and Scientific Advances that Could See Life-Threatening Viral Outbreaks Stopped Before They Start - 2018

"I am delighted that with the long-term **funding settlement for the NHS, there will be an extra £20.5 Billion a year by the end of the next 5 years.**

Right across government, I want us to be working **with all those who have a role in influencing health:**

Communities,
Employers,
Industry,
Local government,
Housing,
Schools,
Charities.

This country has a rich history of preventing ill health, and has **led the way globally.**

Edward Jenner developed the first **smallpox vaccine** in 1796.

The link between contaminated water and cholera was identified using data analytics in England in 1854. Penicillin was discovered by Sir Alexander Fleming in 1928.

British scientists led the medical science and built the evidence base to establish the link between smoking and cancer during the 1950s. In 2015 we became one of the first countries to **introduce a national publicly-funded vaccination** programme to protect children against meningitis type B. **Today, we are already global leaders in the work to unlock the potential of genomic medicine, and scientific advances that could see life-threatening viral outbreaks stopped before they start.**

Meanwhile, advances in **Artificial Intelligence (AI)** are helping staff to diagnose and treat conditions quicker and more effectively, giving more time for patient care.

We are testing new ways of providing people with preventative advice, using **cutting edge technology often called 'predictive prevention'.** Innovations like these provide exciting opportunities for the future of health and social care - **offering earlier diagnosis and more targeted treatments**, supporting self-management of conditions, making health and social care more convenient, and joining up data across services securely to deliver better and more personalised care." - **Matt Hancock** MP, Secretary of State for Health and Social Care, 5 November 2018.

The World's Largest Civilian Computer System - 2013

"Abandoned NHS IT System has cost £10 Billion so far. Bill for abortive plan, described as "the biggest IT failure ever seen", was originally estimated to be £6.4 Billion. An abandoned NHS Patient Record System has so far cost the taxpayer nearly £10 Billion, with the final bill for what would have been the world's largest civilian computer system." - in "The Guardian", 18 September 2013.

To Create A New Marketplace On Top Of The Health System

“Informed Choices it is a it's a fundamental threat, to not just the British people, but the whole Global Population.

I think is a threat to Humanity, because the nature of Digital Platform Businesses, is that they can be Global very quickly, and very efficiently.

And the ambition of people building technology-enabled businesses, and they are primarily businesses enabled by a very compliant State.

Their strategy is to become as big as they possibly can.

Essentially, what they're looking to do is to create:

Data Enabled Genomics focused, Revenue and Profit generating Organizations.

And to create a New Marketplace, essentially on top of our Health System (NHS), and the reason they're able to do that, particularly effectively and easily and quickly in the UK, it's partly to do with the nature of the NHS, it's a Single Integrated System.

America, as another example, actually it's incredibly difficult in America, to do the kind of thing that our health leaders, are doing, because there's so much fragmentation in the system it's delivered primarily through the Private Sector.

Most of those Organizations, whether that's individual Doctors, or Health Systems, or Insurance Providers, don't talk to each other.

In fact they compete with each other to a certain extent, so there's no incentive, or there hasn't been much incentive for them, to share information to build these Data Platforms.

Whereas in the UK we've been building Patient Data Platforms for several decades now, since the 80s we've had fairly well developed I.T. capabilities inside the NHS, and we've been gathering whoever's interacted with the Health System.

We've been gathering their data ever more, and ever more sensitive amounts of data from the population.

It's absolutely kind of a perfect storm, because you've got

the people, the NHS which can effectively mandate this stuff, because everyone is a patient of the NHS.

Most of us where born in NHS hospitals from birth.

Essentially they have an opportunity to tag you, and bag you, and take your information, and they have been doing that for a long time but now.

The type of information that they can take is much more sensitive, so they're already talking about putting genomics blood testing, taking blood samples into the neonatal pathway, especially when you're a newborn, one of the first things that will happen to you, is they'll take a blood sample that'll go off sequencing, and then that data would exist on your permanent Health Record.

Is something that can be looked at, and interrogated by people who have the ability to do that, but they're actually looking at doing in vitro testing now.

And actually as I understand it they've already done a bunch of in vitro testing, so they're taking blood samples to children who haven't been born yet and are using that to generate genomic sequences, and to put that into their database and to run experiments across it essentially.

So the NHS has been a really important part of this.

It is marketed as such internationally, and some of the Partnerships that are in place, particularly with Palantir, the Data Analytics Business, that was founded by Peter Thiel, who was one of the PayPal crowd, and then also the earliest outside investing Facebook, very rich man, very smart man, he's business Palantir Technologies, has cut a deal which - was awarded without any kind of proper procurement process - to build a Single Integrated Data Platform that pulls together all of the disparate pieces of information that exists across all the different NHS Systems.

Because there is still some work to be done to properly integrate all of that stuff and Palantir Technologies is a private sector provider, they work with Global Corporations, they work a lot across the Pharmaceutical Industry, and they also work with our NHS.

We're paying them $500 Million Dollars to do this data integration project so that's going on in the background.

And also the regulatory environment has been manipulated, I believe, to be conducive to enabling the systems.

And actually if you read - really eye-opening, and most people don't go and read Government Policy, on anything, they just assume that it's fine - and someone somewhere is checking this stuff, to make sure that actually the policies that are being enacted, are in the best interests of the population, that's paying for them.

But, if you go, and read the Life Sciences Bill, from 2021, essentially what's being described in there, is first of all an Industry.

So, actually the Health System is being described by Boris Johnson - as it was at the time - the entire Clinical, Academic and Pharmaceutical Establishment in this Country (UK), and Internationally.

Rather than talking about our Health System (NHS), as a way of primarily improving the health and well-being of the British people.

Which is what it should be there to do.

It's actually, talked about in terms of an Industry or a Market.

So, all of the headline messages, are about the Relaxation of Regulations, the alignment between Regulatory Bodies and Industry, and the Political Classes.

And how streamlined everything is becoming, and how quick it is to Market your Drugs in the UK Health System.

They boast about the levels of inward investment, that the Life Sciences Industry has been receiving, and obviously all of this remarkably

positioned in the context of the World Economic Forum (WEF), Build Back Better initiative.

Which is referenced in the Life Sciences Strategy (Life Sciences Vision, 6 July 2021), in the opening statement from Boris Johnson, and a couple of more times through the document that was released in 2021.

And actually, looking at that, I think tells you everything that you need to know about the situation that we've been in, and the situation as it appears to be developing.

That, I, in a way, don't personally think is sustainable." - Ben Rubin, Healthcare Consulting, Strategic Planning, Market Research, 18 Years designing and building future models in Healthcare, media, banking, charity and Government sectors, in "The Rise of Big Data in Healthcare", UK Column, 23 June 2023.

Life Sciences Vision - 2021

"I cannot think of a time when we have been more indebted to the astonishing power of Life Sciences, so much of it pioneered here in our United Kingdom.

From the discovery of dexamethasone to the global reach of the Oxford AstraZeneca Vaccine, British genius and ingenuity is saving millions of lives around the world and allowing us to restore our liberties and livelihoods without spreading this lethal disease to our loved ones.

Yet these extraordinary achievements are not merely the product of brilliant science, they have also required a radically different way of supporting it.

Driven by an urgency for results and a willingness to take risks, the Vaccine Task Force used government funding to mobilise private sector investment and inspire a seamless collaboration between our Scientists, Pharmaceutical Companies, Regulators, and NHS.

The great opportunity before us now is to learn the lessons of this success and make this exception the new norm, bottling the formula we have developed to tackle Covid and applying it to the search for life-changing breakthroughs against other Diseases.

This document sets out our vision for doing so, helping to regain our status as a Science Superpower by making our United Kingdom the leading Global Hub for Life Sciences.

Modelled on the approach of the Vaccine Task Force, we will direct our record investment in scientific research towards new missions – uniting our world leading academic base, the power of our capital markets and the amazing data

resource of our NHS to forge ground-breaking advances against diseases such as cancer, dementia, and obesity.

By pioneering a new focus on prevention and early Diagnosis, and by harnessing the transformative power of treatments such as **Cell and Gene Therapies.**

Over hundreds of years, the work of British pioneers like Edward Jenner, Ronald Ross and Alexander Fleming have saved countless lives around the world.

With this new vision, we will give their 21st century successors – like **Dame Sarah Gilbert** – all the support they need to do the same.

There could be no more fitting legacy from all that we have been through – and no greater way to **Build Back Better.**" - Boris Johnson MP, Prime Minister, in "Life Sciences Vision", GOV.UK, 6 July 2021.

Dame Sarah Catherine Gilbert

"Dame Sarah Catherine Gilbert DBE FRS is an English vaccinologist who is a Professor of Vaccinology at the University of Oxford and co-founder of Vaccitech.

She specialises in the development of Vaccines against influenza and emerging viral pathogens.

She led the development and testing of the Universal Flu Vaccine, which underwent clinical trials in 2011.

In January 2020, she read a report on ProMED-mail about four people in China suffering from a strange kind of pneumonia of unknown origin in Wuhan. Within two weeks, a vaccine had been designed at Oxford against the new pathogen, which later became known as COVID-19.

On 30 December 2020, the Oxford–AstraZeneca COVID-19 vaccine she co-developed with the Oxford Vaccine Group was approved for use in the UK.

As of January 2022, more than 2.5 Billion doses of the vaccine have been released to more than 170 Countries Worldwide." - in "Wikipedia", 25 June 2023.

VaxHub For Vaccine Development - 2018

"Formed in April 2018, the Future Vaccine Manufacturing Research Hub (Vax-Hub), is an academic collaboration led by University College London (UCL) Biochemical Engineering, and the University of Oxford.

Co-directed by Professor Martina Micheletti (UCL) and Professor Dame Sarah Gilbert (Oxford), Vax-Hub comprises world-leading Experts in:

Vaccinology
Synthetic Biology
Biochemical
Materials
System Engineering

What will the Future Vaccine Manufacturing Research Hub (Vax-Hub) achieve?

The Vax-Hub vision is to make the UK the Global Centre for integrated discovery through to Bioprocess manufacture of next-generation Vaccines:

Health: Ensure that fewer people die from vaccine-preventable diseases through the timely, affordable supply of vaccine, for both routine and emergency scenarios.

Skills: Increase academic, industrial and policy training through secondments, continuing professional development (CPD), Qualified Person training and dissemination events.

Economy: Increase value to the economy through cost savings achieved through decisional tools and cheaper vaccines.

Pipeline: Increase the number of products entering and succeeding in the development pipeline with development tools.

Policy: Shape UK and international policy through continued leadership in vaccine research, user group interactions and manufacturer and funder engagement." - in "Vax-Hub", UCL, 4 May 2020.

"I am employed by Oxford University to conduct research rather than to teach undergraduates.

This means that I am required to secure the money to fund that research.

I have to find ways to cover the costs.

Research councils and other funders – in my area, that essentially means

CEPI, the Wellcome Trust, UKRI, and until recently the EU.

I was able to get going with funding from VaxHub.

All of the other funding I already had was for very specific projects.

But the VaxHub funding was for Vaccine Development work in general and that allowed us to make a start.

VaxHub, based at University College London, was a 3 year programme that was aimed at improving Vaccine manufacturing methods and engaging with both UK and overseas manufacturers – specifically, manufacturers from low- and middle-income countries.

It was important because manufacturing can be a big bottleneck in getting new vaccines out there and into people's arms: it's no use making a fantastic new vaccine that looks great in the lab, but that can't be manufactured in a way that allows it to move into clinical testing.

Going back and reinventing it to make it suitable for manufacturing can add years to the development process.

The funding for VaxHub came from the UK government's Official Development

Assistance budget, meaning money set aside to invest in development in

other countries.

The UK had committed to spending 0.7% of its gross national income on this in 2015, and had recognised, following the 2014 Ebola outbreak, that it could put some of that money to good use on work to Develop Vaccines against Diseases that caused havoc around the Globe.

I travel a lot as part of my work, or at least I did until the end of 2019.

Because my focus has been working on Vaccines against

diseases that are prevalent in low- and middle-income countries, and because cutting-edge scientific research is by nature very international, I've taken work trips to

North, South, East and West Africa, China, Saudi Arabia, the United States, much of South East Asia, and quite a bit of Europe.

Often trips last only a few days: a 2 day trip to Delhi.

For the last several years I had increasingly been suffering on these trips from "traveller's tummy."

I knew all the advice about what foods to avoid, but I am an annoyingly fussy eater and sometimes found that advice difficult to follow.

During the summer of 2019, I decided to google my symptoms and came across some information on a condition called bile acid malabsorption.

Apparently, it often goes undiagnosed and tends to get worse as people get older.

When we eat food containing fat, our gall bladder releases bile acids into the stomach to break down the fat and allow it to be digested.

The bile acids pass out of the stomach along with the food and are reabsorbed in the small intestine and recycled.

However, in some people the reabsorption doesn't happen properly.

That means the bile acids carry on through the digestive tract to regions they are not supposed to be in, causing irritation and leaving the owner of the digestive tract in question needing to rush to the loo.

This seemed a plausible explanation for my issues.

My GP (Medical Trade Doctor) concurred, but on the other hand I might have bowel cancer and she would be remiss not to rule that out.

So she referred me to a consultant gastroenterologist for tests." - Sarah Catherine Gilbert in "Vaxxers The Inside Story of the Oxford AstraZeneca Vaccine and the Race Against the Virus", 2021.

How The Vaccine Was Done For The "Virus"

"On 13 January I initiated discussions with CEPI.

They said that they were going to 'focus on the very quickest platforms – namely DNA and mRNA' in the first instance.

I was astonished. DNA and mRNA vaccines can be ready for clinical trials quickly.

We had designed the Vaccine in a few days in January; made the first batches in a record-breaking 65 days as it had become clearer and clearer that a Vaccine would be needed; **tested it on volunteers in 4 continents** as the virus rampaged across the planet; and manufactured millions of doses.

We already knew it was very safe.

But we still did not have the data to prove it.

The analysis we were waiting for would crunch tens of thousands of data points from the thousands of volunteers involved in the trials, to show whether, and how well, our Vaccine had worked to protect them against Covid-19.

Anything over 50% would be considered a success.

With **blood samples from our 24,000 trial volunteers arriving in the lab and needing to be processed.**

One shipment of samples from Brazil had been due to arrive at 6.30 p.m. that Tuesday but had actually not arrived until 9.30 p.m., so people had been in the lab checking, thawing, dividing up, labelling, repacking and shipping until the early hours of Wednesday morning.

Once I had the laptop set up, Andy walked me through his slides.

He quickly and calmly got to the point.

Overall efficacy was 70%.

The number wasn't as high as Pfizer's 90% or Moderna's 95%, announced earlier that month.

But it was better than the 50% that was deemed the minimum for the Vaccine to be useful, and much better than the 30% that some commentators had been warning we might need to be prepared for only weeks earlier.

Our Vaccine Was Effective

Anthony Fauci, since 1984 the director of the National Institute of Allergy and Infectious Diseases and one of the most highly respected scientists in the field, compared our efficacy results unfavourably with Pfizer's and Moderna's and asked why anyone would want to receive our Vaccine.

On 30 December, the UK regulator, the Medicines and Healthcare products Regulatory Agency (MHRA), announced emergency-use licensure of the Oxford AstraZeneca Vaccine.

And there were worries about the new variants of the virus – Kent, Brazil and South Africa – and whether the vaccines announced in such triumph over the last few weeks would prove effective against them.

When we design a gene to go into a Vaccine, we don't necessarily use exactly the same sequence that is in the virus.

As it turned out, children don't play such an important role in transmission with Covid-19, and we learned quite quickly that having a vaccine that was effective in older people would be far more crucial.

I Don't Understand Anti-Vaxxers

Why would anyone be ideologically opposed to a safe and cost-effective public health measure that saves millions of lives and stops people from having to live with the long-term disabilities that can be caused by diseases such as polio and smallpox – and, it seems, Covid-19?

But there will always be people with strange beliefs who stick to them come what may.

Anti-vaxxers, who are actually a pretty small, if noisy, group, only become a problem if they try to interfere with other people's acceptance of Vaccines.

When Maurice Hilleman developed his mumps vaccine in record-breaking time for example, in the 1960s, he did some things that we would consider at best ethically questionable today.

Hilleman conducted the first clinical trials of his Vaccine on 16 children at a home for children with learning disabilities.

We also ensure we have the informed consent of everyone participating in a trial, or if they are children, the consent of their parents or guardians – which was not obtained for the children in Hilleman's first trial.

This is not the only example of people being used in medical research without their knowledge or consent.

In 1942, human serum being used to stabilise a yellow fever vaccine for American servicemen turned out to be contaminated with hepatitis B virus. Around 50,000 of those given the Vaccine were hospitalised with hepatitis, and at least 100 died." - Sarah Catherine Gilbert in "Vaxxers The Inside Story of the Oxford AstraZeneca Vaccine and the Race Against the Virus", 2021.

A Few Months Into The "Pandemic"; We Went On Holidays! Not Afraid Of The "Virus" Are We?

The "virus" "Covid-19", from thing air, and now a few months into the "Pandemic", this brainless scientist goes on a Camping Trip?

Is this scientist not aware of the dangers of the "Virus", is this top scientist not aware that there is no "vaccine" or any other treatment for this dangerous "Virus", "Covid-19"?

"I spent the first weekend of August 2020 on a camping trip with my 9-year old daughter Ellie and some friends.

By the Sunday evening Ellie had had enough of my campfire cooking and we'd decided to treat ourselves to dinner from the pizza van.

Wandering over to the van, I saw that my friend Gabi and her Jack Russell Cookie had befriended another woman-and-dog combination.

As the dogs continued to sniff each other, Gabi said with a laugh:

> ***"At least you're not saying, that Bill Gates is using the pandemic to fit us all with Microchips. But I do worry that we don't know what they put in these Vaccines: Mercury and other Toxic Chemicals. I don't trust them. They don't tell us the truth."***

- Sarah Catherine Gilbert in "Vaxxers The Inside Story of the Oxford AstraZeneca Vaccine and the Race Against the Virus", 2021.

The More Deaths Farce From The So-Called "Virus" Farce

> *"In 2020, a coronavirus causing a disease called Covid-19 swept around the world, wreaking havoc with healthcare systems, economies, and all of our lives.* ***By the end of the year, it had killed more people in one year than any infectious disease had done for over a century."*** *- Sarah Catherine Gilbert in "Vaxxers The Inside Story of the Oxford AstraZeneca Vaccine and the Race Against the Virus", 2021.*

England And Wales Deaths By Year

2018	2019	2020
541,589	530,841	607,922

- in "Deaths registered in England and Wales: 2019", 1 July 2020; "Deaths registered in England and Wales: 2020", Office of National Statistics, 6 July 2021

The Top 10 Causes of Death

Every year in December, the World Health Organisation (WHO), publishes the Top 10 Causes of Death, but the page (who.int/news-room/fact-sheets/detail/the-top-10-causes-of-death), **has not been updates since the figures of deaths for the year 2019.**

Every other year, this page was updated with the figures from the previous year.

2015

"Of the 56.4 Million deaths worldwide in 2015, more than half (54%) were due to the top 10 causes." - in WHO, 12 January 2017.

2016

"Of the 56.9 Million deaths worldwide in 2016, more than half (54%) were due to the top 10 causes." - in WHO, 24 May 2018.

2019

"In 2019, the top 10 causes of death accounted for 55% of the 55.4 Million deaths worldwide." - in WHO, 9 December 2020.

Number Of Deaths Worldwide - 2019 & 2020

2019	**2020**
57,94 Million	63,17 Million

The Difference is: 5,23 Million.

Sources

Deaths - Sex: all - Age: all - Variant: estimates

Variable description: Number of deaths over a given period.

Refers to annual civil calendar years from 1 January to 31 December.

Variable time span: 1950 – 2021

Data published by United Nations - Population Division (2022)

population.un.org/wpp/Download/

Retrieved:.....2022-09-09

World Population Prospects 2022 is the 27th edition of the official estimates and projections of the global population that have been published by the United Nations.

The estimates are based on all available sources of data on population size and levels of fertility, mortality and international migration for 237 countries or areas." - in "Our World In Data", Oxford University, 25 June 2023.

Just 171 Deaths = Global "Pandemic" Farce

"On 30 January 2020 COVID-19 was declared a Public Health Emergency of International Concern, with an official death toll of 171.

By 31 December 2020, this figure stood at 1,813,188." - in "The true death toll of COVID-19", World Health Organization, 21 may 2021.

Build Back Better

"The COVID-19 shock has highlighted the great adaptability and resilience of UK businesses.

Employers moved at speed to migrate services Online, enabled their employees to work from home where possible, and adapted their premises to be COVID-secure.

Over 60% of businesses have adopted new Digital Technologies during the Pandemic.

The 2017 Industrial Strategy set out a cross-economy approach to boost productivity.

But much has changed since 2017, so it is right that we create a new framework for how we will build back better.

This document details our focus on infrastructure, skills and innovation.

It reflects new opportunities available to us following our exit from the European Union, opening up new ways to drive growth and supporting our vision for Global Britain.

Leading innovative and high growth sectors – The UK has strengths in a diverse set of industries.

An international reputation for science with strengths across sectors, including Pharmaceuticals, aerospace, creatives, financial services, professional and business services; and in emerging industries such as Artificial Intelligence (AI) and Financial Technology.

The UK is home to some of the best businesses in the world, and we are leading the way on the path to net zero.

A great place to start and grow a business – The UK is one of the best places in the world to start a business, with a stable regulatory environment and one of the highest birth rates of enterprises in the OECD.

The UK has relatively deep capital markets that supports firms to grow.

The UK has the lowest level of regulatory barriers to firm entry and competition in the OECD and is ranked 8th on the 2020 World Bank Ease of Doing Business." - in "Build Back Better: Our Plan For Growth", GOV.UK, 3 March 2021.

UK Life Sciences Vision

"The Vision outlines 7 critical healthcare missions that government, industry, the NHS, academia and medical research charities will work together on at speed to solve – from cancer treatment to tackling dementia.

These missions will focus on preventing, diagnosing, monitoring and treating disease early, using innovative clinical trials to develop breakthrough products and treatments quickly to help save lives, and accelerating the development and adoption of new drugs, diagnostics, medical technology and digital tools.

The missions are:

1. Accelerating the pace of studies into novel dementia treatment.
2. Enabling early diagnosis and treatments, including immune therapies such as cancer vaccines.
3. Sustaining the UK's position in vaccine discovery, development and manufacturing.
4. Treatment and prevention of cardiovascular diseases and its major risk factors, including obesity.
5. Reducing mortality and morbidity from respiratory disease in the UK and globally.
6. Addressing the underlying biology of ageing.
7. Increasing the understanding of mental health conditions, including work to redefine diseases and develop tools to address them.

Prime Minister Boris Johnson said:

"We are indebted to the ingenuity of UK life sciences and its pioneers, with the discovery of the Oxford-AstraZeneca vaccine and the seamless collaboration between our scientists, industry, regulators and NHS saving millions of lives during the pandemic." - in "UK Life Sciences Vision sets 10-year strategy for sector to solve some of the biggest healthcare problems of our generation, including cancer and dementia", GOV.UK 6 July 2021.

Palantir & British National Health Service (NHS)

"Palantir is one of 4 large technology firms to start working with the NHS on supporting COVID-19 efforts through the provision of software from Palantir Foundry and by April 2020 several countries have used Palantir technology to track and contain the contagion.

Palantir also developed Tiberius, a software for Vaccine allocation used in the United States.

The firm has contracts relating to patient data from the British National Health Service (NHS).

It was awarded an emergency, no-competition contract to mine COVID-19 patient data in 2019.

In 2020 this was valued at more than £23.5 Million and was extended for 2 more years.

The awarding of the contract without competition was heavily criticised, prompting the NHS to pledge an open and transparent procurement process for any future data contract.

The firm was encouraged by Liam Fox "to expand their software business" in Britain.

It was said to be "critical to the success of the Vaccination and PPE programmes".

Conservative MP David Davis called for a judicial review into the sharing of patient data with Palantir.

The procurement of a £480 Million Federated Data Platform by NHS England, launched in January 2023, has been described as a "must win" for Palantir.

The procurement has been described as a "farce" by civil liberties campaigners, alleging that Palantir have a competitive advantage as it "already has its feet under the table in NHS England" and benefits from a short procurement window. In January 2023 Palantir's founder, Peter Thiel, called Britain's affection for the NHS "Stockholm Syndrome" during a speech to the Oxford Union, going on to say that the NHS "makes people sick."

In March 2023 it was revealed that NHS hospitals had been "ordered" to share patient data with Palantir.

NHS England's former artificial intelligence chief, Indra Joshi, was recruited by Palantir in 2022.

The company said they were planning to increase their team in the UK by 250.Palantir's UK head, Louis Moseley, was quoted internally as saying that Palantir's strategy for entry into the British health industry was to "Buy our way in", by hoovering up smaller rival companies with existing relationships with the NHS in order to "take a lot of ground and take down a lot of political resistance." - in Wikipedia", 24 June 2023.

British Scientists To Create A Vaccine In 100 Days To Halt The Next Pandemic

"British scientists are leading the charge to create a Vaccine to halt the next deadly pandemic within 100 days of it breaking out.

Experts are working on a high-security project at Porton Down, the top-secret government laboratory, to develop prototype Vaccines to tackle "Disease X" when it hits." - in "British scientists are primed to create the next pandemic vaccine in 100 days as super-lab Porton Down develops prototypes to tackle 'Disease X' - with bird flu, tuberculosis and monkeypox on the radar", Daily Mail, 7 August 2023.

"But what is Disease X? And why are British scientists working on a Vaccine for an unknown disease?

Disease X represents a hypothetical, currently unknown pathogen.

In its list identifying 9 priority diseases, the United Nations (UN) Agency says:

> ***"Disease X represents the knowledge that a serious international epidemic could be caused by a pathogen currently unknown to cause human disease."***

The World Health Organization (WHO) adopted the placeholder name in 2018, to ensure that their planning was sufficiently flexible to adapt to a disease." - in "What is Disease X? Why are UK scientists working on a Vaccine to prevent a new pandemic from unknown disease?", Daily Mail, 7 August 2023.

> *"While the shape of WHO's total budget has changed over the years, the Gates Foundation has consistently remained among its top contributors. Over the years, the billionaire philanthropists have become the WHO's second biggest donor, making the health agency heavily dependent on their support to keep functioning. In 2018-2019, the United States was the largest donor at $893 Million, accounting for around 15% of WHO's budget. The Gates Foundation came second, with $531 Million." - in "How is the World Health Organization funded, and why does it rely so much on Bill Gates?", Euronews, 3 February 2023*

The Cost of Bill Gates Pandemic Games May Bring The UK Government to Bankruptcy

£1.8 Trillion UK Government Debt - 2019

"The UK General government gross debt was £1,8 Trillion at the end of the financial year ending March 2019, equivalent to 84.0% of gross domestic product (GDP)." - in "Office for National Statistics", 17 January 2020.

From £20 Billion a year, on average, of UK Government borrowing, up to 2019. From 2020 the first year of the fake so-called Covid-19 "Pandemic". The UK Government, borrowed £200 Billion per each year of the "Pandemic", in 2020, 2021, 2022.

£2.6 Trillion UK Government Debt - 2023

"Net debt reached £2.6 Trillion at of end of May 2023.

UK Government debt rises above 100% of GDP for first time since 1961." - in "The Guardian", 21 June 2023.

£9.4 Billion Pounds Per Month Just In Interests

"The UK Central Government debt interest payable was £9.8 Billion in April 2023, the highest April figure since monthly records began in 1997." - in "Office for National Statistics", 23 May 2023.

UK Scientists Begin Developing Vaccines Against New Pandemic

"A team of more than 200 UK Scientists have begun developing Vaccines as an insurance **against a New Pandemic caused by an unknown "Disease X."**

> *"We prepare so that if we have* ***a New Disease X, a New Pathogen,*** *we have done as much of that work in advance as possible. Hopefully we can prevent it. But if we can't and we have to respond, then* ***we have already started developing Vaccines"****. - Professor Dame* ***Jenny Harries, head of the UK Health Security Agency."***

- in "'Disease X': UK scientists begin developing vaccines against new pandemic", Sky News, 7 August 2023.

The French Government Business Plan

Sanofi-Aventis Invests €100 Million in New Facility in Mexico to Produce Seasonal and Pandemic Influenza Vaccine – 2009

"The Agreement was signed in Mexico City during the French President Nicolas Sarkozy's State Visit to Mexico City, Mexico, 9 March 2009 - Sanofi-Aventis, announced today the signing of an agreement with the Mexican authorities to build a €100 Million facility to manufacture Influenza Vaccine in Mexico.

The ceremony was attended by Felipe Calderon, President of Mexico.

This facility will be built and operated by Sanofi Pasteur, the Vaccines division of Sanofi-aventis Group, which was represented at the ceremony by Chris Viehbacher, Chief Executive Officer of sanofi-aventis.

> *"**By building this new facility, Sanofi-Aventis** is proud to contribute to the strengthening of Mexico's health infrastructure and is eager to support Mexico's exemplary commitment to public health through **Influenza immunization and Pandemic Readiness. This investment illustrates Sanofi-Aventis' local approach to Global Health.** This facility will benefit public health **in Mexico and the Latin American region, in the context of Influenza Pandemic Preparedness". -** Chris Viehbacher*

The agreement was signed by Birmex' (Laboratorio de Biológicos y Reactivos de México) and sanofi-aventis' representatives in the presence of Dr. José Ángel Córdova Villalobos, Minister of Health of Mexico.

Under the terms of the agreement, sanofi pasteur will manufacture influenza vaccine in collaboration with Birmex, a Mexican federal vaccine manufacturer. Birmex will perform certain stages of manufacturing and will be responsible for distributing influenza vaccines to the public in Mexico.

Sanofi pasteur is planning to start construction of the new vaccine manufacturing facility within a few weeks. Upon completion within four years, the facility will have a yearly capacity of up to 25 Million doses of seasonal influenza vaccine.

The new influenza vaccine plant will be built in Ocoyoacac, where sanofi-aventis already operates a facility.

The plant will be designed to switch to pandemic vaccine manufacturing if a human influenza pandemic is declared and a pandemic influenza strain is identified by the World Health Organization (WHO)." - in "Sanofi-Aventis", Press Release, 9 March 2009.

"Art.2.1 Confirmation conditions
Article 1-4 of the CCAP of the Market is thus modified:
The conditions for the possible strengthening of conditional tranche n.1 ***depend on recognition by the World Health Organization of the outbreak of an influenza pandemic (i.e. level 6 on the scale set by this Organization) with a provision of the attenuated strain or contract holder."*** *- "Sanofi-Aventis", Agreement with the Mexican Authorities, 9 March 2009.*

The Same Day in Paris: 9 March 2009

Jérôme Contamine Appointed Chief Financial Officer

"Sanofi-aventis announced today that Jérôme Contamine is appointed Executive Vice President, Chief Financial Officer (CFO) of sanofi-aventis, effective 16 March 2009.

Jérôme Contamine was previously Senior Executive Vice President, Deputy General Manager and Chief Financial Officer of Veolia Environment.

Jérôme Contamine is a Graduate of Ecole Polytechnique (X), France's most prestigious engineering school, and ENSAE, the national statistics and economics engineering school, affiliated with the Ministry of Finance (1982).

After 4 years at the "Cour des Comptes", as a Senior State General Auditor, he joined Elf Aquitaine in 1988, as advisor to the Chief Financial Officer, and became Group Finance Director & Treasurer in 1991.

"I am extremely pleased with the appointment of such a highly qualified professional as Jérôme Contamine, who will bring to our Group a very high level of expertise, as well as an extensive knowledge of international corporations, Jérôme will be deeply involved in the simplification of our operational structures to adapt our Group to future challenges. I am confident that Jerôme will play a valuable role in transforming sanofi-aventis into a Global Healthcare Leader." - Chris Viehbacher, Chief Executive Officer of sanofi-aventis

He became the General Manager of Elf Petroleum Norway in 1995, after being named Deputy Vice President of Elf Upstream Division for Europe and the U.S. In 1999, he was appointed Head of the taskforce for integration with Total, in charge of the reorganization of the merged entity, TotalFinaElf, and became, in 2000, Vice President Europe and Central Asia, Upstream Division of Total.

The same year, he joined Vivendi Environnement as CFO, Deputy General Manager and member of the Board." - in "Sanofi-Aventis", Press Release, 9 March 2009.

Sanofi Pasteur Investment in Mexico: Pure Coincidence

"Who can Benefit from the Flu?

To those who manufacture "Treatments" & "Vaccines", of course.

Many think, that the Pharmaceutical Companies, with a dark reputation , knew that the pandemic was on its way.

And that Sanofi Pasteur would have invested 100 Million Euros in a factory in Mexico for this: the World Leader in Vaccines would have taken a position where the flu was born in order to reap juicy profits, once the pandemic was declared.

> *"Sanofi Pasteur's new plant in Mexico will be built to standards that allow Sanofi Pasteur to easily switch from producing seasonal influenza vaccine to pandemic influenza vaccine, in the event of a human influenza pandemic occurring, to be declared and once the pandemic influenza virus strain has been identified by the World Health Organization (WHO)." - in "Sanofi-Aventis", Press Release, 9 March 2009.*

"Our choice to expand the Ocoyoacac site, where we already had an industrial activity, is linked to the Mexican government's desire to promote the seasonal flu vaccine and to pay for it. Also in 2007, we invested $94 million to build an influenza vaccine factory in Shenzhen, China. The production is each time intended for the local market. All our factories can instantly switch from seasonal to pandemic, as soon as the World Health Organization asks us to do so." - Dr Albert Garcia, Sanofi Pasteur spokesperson

Sheer coincidence? Especially since it was also on 9 March 2009 that the Mexican authorities were for the first time "alert to the spread of an epidemic affecting the inhabitants of La Gloria." - in "Sanofi Pasteur investit au Mexique, pure coïncidence", L'OBS, 25 June 2009.

"We can no longer continue to make policy, for ourselves, in our country, in our region, in our continent, on the basis of whatever support the Western world, or France or the European Union can give us. It is not right for a country like Ghana, 60 years after independence to still have its Health and Education budgets being Financed on the basis of the generosity and charity of European *taxpayers. By now we should be able to finance our basic needs ourselves." -* ***Akufo-Addo, President of Ghana****, in Joint Conference in Accra, to Emmanuel Macron, President of France,* ***December 2017.***

The Contract Between Federal Government of Germany & GlaxoSmithKline To Combat An Impending Pandemic - 2009

"Preamble

According to the federal grant notice of 13 February 2006, last amended by the federal notice of 27 October 2006, **GlaxoSmithKline (GSK) was imposed on the federal states in the event of a pandemic, 20% of the pandemic Vaccines produced in Dresden,** but no more than the quantity of a pandemic Vaccine required to supply 50% of the German population.

I. Definitions

1. Second-Generation Pandemic Vaccine
According to current knowledge, a second-generation pandemic vaccine has the following properties:

Virus subtype identified by GSK in case of pandemic following WHO recommendation

5. Dose
Dose means the amount of vaccine licensed to vaccinate one unit in healthy adults. Two doses (two shots) per person are required for full immunization

6. Contractual Product or Pandemic Vaccine
Contractual Product is a second generation pandemic vaccine.

7. Pandemic notification
Notification of an influenza pandemic by the World

Health Organization (WHO) upon reaching stage 6 and identification and notification of the relevant virus type.

8. End of Pandemic

World Health Organization (WHO) declaration of end of pandemic influenza and downgrading from level 6.

9. Acute pandemic risk

Phase in which a pandemic was announced by the WHO (level 6) or in which the outbreak of a pandemic can be expected at any time.

This point in time can be from level 5 and is determined as follows:

In the event of a corresponding risk situation and after consultation with the WHO, GSK will contact all European governments to be supplied from Dresden from level 5 of the pandemic assessment by the and coordinate with them within a period of no more than 14 days the timing of the acute pandemic risk.

The time of an acute pandemic risk, which is decisive for the start of production in accordance with clause IV of the contract, is affirmed if at least 50% of the weighted votes of all governments affected in this way affirm the existence of an acute pandemic risk and the associated need to start production .

10. End of the acute pandemic risk

Phase in which the WHO announces the end of the pandemic and/or the outbreak of a pandemic is no longer to be expected at any time.

The exact time for this will be determined as follows:

After consultation with the WHO, GSK will contact the European governments to be supplied by Dresden and coordinate with them on the end of the acute risk of a pandemic.

The risk of a pandemic will end when 50% of all weighted votes Affirm the existence of this point in time, which is decisive for the cessation of production.

The votes are weighted according to the quantities of the

pandemic vaccine ordered by the European countries, the German Federal States together will hold 20% of the voting rights in 2007 and 25% from the commissioning of the second production plant in Dresden in 2008.

The countries are represented in this decision vis-à-vis GSK by the respective GMK chairing country, which acts as a government within the meaning of this provision.

II. Subject of the contract

1. The subject of the contract is the sale and provision of second-generation Pandemic Vaccines by GSK to the countries subject to the condition precedent of an acute risk of a pandemic.

2. In the event of an acute risk of a pandemic, GSK offers all federal states the opportunity to use 20% of their pandemic vaccines produced in Dresden in 2007 and 25% from the commissioning of the second production plant in Dresden in 2008, but no more than the amount needed to supply 50% to purchase the amount required by the German population.

III. Approval of the Pandemic Vaccines

GSK Bio, as a GSK affiliate, becomes the Marketing Authorization Holder and is responsible for submitting all relevant regulatory documentation for the relevant pandemic vaccine. The federal/state governments will use their best efforts to support GSK and its affiliated companies in obtaining the necessary approvals for the pandemic vaccines as quickly as possible.

4. All rights to the technical, medical and scientific know-how, the mock-up approvals, approvals for the contractual products, documents and other developments and information in connection with the contractual products remain the unrestricted property of GSK and its affiliates.

VII. Discontinuation of Production and Delivery

3. The countries undertake to pay GSK a lump-sum compensation for expenses already incurred if the acute risk of a pandemic pursuant to Section I 10 ends prematurely, for example due to an incorrect assessment of the risk situation after receipt of the corresponding seed virus

VIII. Liability

1. Since there is neither extensive clinical data nor experience with the pandemic vaccine in its specific composition due to the special situation in the case of a pandemic, GSK or its affiliated companies can only assume responsibility for the effectiveness or tolerability of the vaccines supplied to that extent , as contained in the SPC.

2. The countries therefore jointly and severally indemnify GSK and its affiliated companies, the corresponding employees and legal successors from third-party claims, losses or financial expenses arising from claims and lawsuits against them in connection with the application, with the organizational processing, the Distribution or storage of the pandemic vaccine, insofar as these circumstances are not included in the SPC.

If, due to circumstances that become known later, the benefit-risk assessment for the second-generation pandemic vaccine is negative overall, the release from liability applies to this case and all subsequent cases side effects classified as justifying liability.

In this context, this exemption from liability relates in particular (but not exclusively) to claims for damages by third parties, which are asserted with reference to Section 84 AMG.

3. The liability of GSK and its affiliated companies, the respective employees and legal successors towards the countries for breaches of duty under this contract is limited

to the amount of the purchase price that the countries paid or have to pay for the purchase of the pandemic Vaccines.

A claim for reimbursement of immaterial damage or lost profit is excluded.

4. If the countries require pandemic vaccines before these vaccines can be fully licensed and/or their batches can be released and these vaccines are delivered and used, the countries shall indemnify GSK and its affiliated companies from any liability if these non-licensed vaccines Damage is caused, in particular a person is killed or people are injured or their health is injured." - in "Contract Between the Federal Government of Germany & GlaxoSmithKline to Combat An Impending Pandemic", 2009.

Naming the Coronavirus Disease (COVID-19) and the Virus that Causes It

"Official names have been announced for the virus responsible for COVID-19 (previously known as "2019 novel coronavirus") and the disease it causes.

The official names are:Disease: coronavirus disease (COVID-19)

Virus: severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)

Why do the virus and the disease have different names?

Viruses, and the diseases they cause, often have different names.

For example, HIV is the virus that causes AIDS.

People often know the name of a disease, but not the name of the virus that causes it.

There are different processes, and purposes, for naming viruses and diseases.

Viruses are named based on their genetic structure to facilitate the development of diagnostic tests, vaccines and medicines.

Virologists and the wider scientific community do this work, so viruses are named by the International Committee on Taxonomy of Viruses (ICTV).

Diseases are named to enable discussion on disease prevention, spread, transmissibility, severity and treatment.

Human disease preparedness and response is WHO's role, so diseases are officially named by WHO in the International Classification of Diseases (ICD).

ICTV announced "severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)" as the name of the new virus on 11 February 2020.

This name was chosen because the virus is genetically related to the coronavirus responsible for the SARS outbreak of 2003. While related, the two viruses are different.

WHO announced "COVID-19" as the name of this new disease on 11 February 2020, following guidelines previously developed with the World Organisation for Animal Health (OIE) and the Food and Agriculture Organization of the United Nations (FAO)." - in "Naming the coronavirus disease (COVID-19) and the virus that causes it", WHO, 20 February 2020.

"When scientists began sequencing genomes of the virus responsible for the outbreak in Wuhan, China, they called it 2019-nCoV, for the "novel" coronavirus first isolated in December 2019.

The designation was widely used in the research community until 11 February 2020, when the International Committee on Taxonomy of Viruses, responsible for naming viruses, declared it to be "a sister" to coronaviruses responsible for SARS, the 2003 epidemic that killed 774 in 17 countries.

They designated the new virus SARS-CoV-2, and posted the name change on bioRxiv." - in "Coronavirus outbreak puts 'open science' under a microscope", Fred Hutchinson Cancer Center, 13 February 2020.

Bear in mind that "in Wuhan, China, they called it 2019-nCoV, for the "novel" coronavirus first isolated in December 2019", this is a Lie.

Further more in January 2021 during an interview to CNBC the Director General of the Wuhan CDC stated that they had a problem the "virus" was not isolated.

"Emerging and re-emerging pathogens are great challenges to the public health.

A cluster of pneumonia cases with an unknown cause occurred in Wuhan starting on 21 December 2019.

As of 20 January 2020, a total of 201 cases of pneumonia in China have been confirmed.

A team of professionals from the National Health Commission and China CDC conducted epidemiological and etiological investigations.

On 3 January 2020, the first complete genome of the novel β genus coronaviruses (2019-nCoVs) was identified in samples of bronchoalveolar lavage fluid (BALF) from a patient from Wuhan by scientists of the National Institute of Viral Disease Control and Prevention (IVDC) through a combination of Sanger sequencing, Illumina sequencing, and nanopore sequencing.

Three distinct strains have been identified, the virus has been designated as 2019-nCoV, and the disease has been subsequently named novel coronavirus-infected pneumonia (NCIP).

Phylogenetic analysis was conducted to determine the relationship between 2019-nCoVs and other sequences under the Orthocoronavirinae subfamily using MAFFT v7.455 (MAFFT multiple sequence alignment software version 7: improvements in performance and usability.

Mol Biol Evol 2013; 772–80), and maximum likelihood inference was calculated using PhyML v3.3 (A simple, fast, and accurate algorithm to estimate large phylogenies by maximum likelihood.

Syst Biol 2003; 696–704), employing the GTR + I + Γ model of nucleotide substitution, and 1,000 bootstrap replicates.

The 2019-nCoVs have features typical of the coronavirus family and were placed in the Betacoronavirus 2b lineage.

Alignment of these strains' full genomes and other available genomes of Betacoronavirus showed the closest relationship with Bat SARS-like coronavirus isolate bat-SL-CoVZC45 (Accession Number: MG772933.1) (Identity 87.99%).

The typical crown-like particles of the 2019-nCoVs can be observed under transmission electron microscope (TEM) with negative staining (www.gisaid.org).

The origin of the 2019-nCoVs is still being investigated.

However, all current evidence points to wild animals sold illegally in the Huanan Seafood Wholesale Market.

Several complete genome sequences of 2019-nCoVs were successfully obtained and released recently via www.gisaid.org to provide a first look at the molecular characteristics of this emerging pathogen, and all related information has also been reported to the World Health Organization (WHO).

Several rapid and sensitive detection tests have been developed by China CDC and will be applied to the prevention and control of this 2019-nCoV outbreak.

Data availability. The new Betacoronavirus genome sequence has been deposited in GISAID (www.gisaid.org) under the accession number EPI_ISL_402119, EPI_ISL_402020 and EPI_ISL_402121." - in "Notes from the Field: A Novel Coronavirus Genome Identified in a Cluster of Pneumonia Cases — Wuhan, China 2019–2020", China CDC Weekly, 21 January 2020.

How They Know It's A New "Virus" In Just A Few Days!

"The present outbreak of lower respiratory tract infections, including respiratory distress syndrome, is the third spillover, in only 2 decades, of an animal coronavirus to humans resulting in a major epidemic.

Here, the Coronavirus Study Group (CSG) of the International Committee on Taxonomy of Viruses, which is

responsible for developing the official classification of viruses and taxa naming (taxonomy) of the Coronaviridae family, assessed the novelty of the human pathogen tentatively named 2019-nCoV.

Based on phylogeny, taxonomy and established practice, the CSG formally recognizes this virus as a sister to severe acute respiratory syndrome coronaviruses (SARS-CoVs) of the species Severe acute respiratory syndrome-related coronavirus and designates it as severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2).

To facilitate communication, the CSG further proposes to use the following naming convention for individual isolates: SARS-CoV-2/Isolate/Host/Date/Location.

The spectrum of clinical manifestations associated with SARS-CoV-2 infections in humans remains to be determined.

The independent zoonotic transmission of SARS-CoV and SARS-CoV-2 highlights the need for studying the entire (virus) species to complement research focused on individual pathogenic viruses of immediate significance.

This research will improve our understanding of virus-host interactions in an ever-changing environment and enhance our preparedness for future outbreaks.

Recognizing Virus Novelty

Besides haplotypes of a virus quasispecies, the terms strains and isolates are in common use to refer to virus variants with larger genome variations, although there are different opinions as to which term should be used in a specific context.

If a candidate virus clusters within a group of isolates, it is a variant of this group and, in other words, may be considered a known virus.

On the other hand, if the candidate virus is outside of known groups and its distances to viruses of these groups are comparable to those observed between viruses of different groups (intergroup distances), the candidate virus is distinct and could be considered novel.

Commonly this evaluation is conducted in silico using phylogenetic analysis that may be complicated by uneven rates of evolution that vary across different virus lineages and genomic sites due to mutation, including exchange of genome regions in closely related viruses (homologous recombination).

Comparative genomics forms also the basis for PCR assays that are suitable to detect established viruses and their groups in vitro.

If such PCRs do not recognize the candidate virus, it may be considered novel. There are 2 caveats to the above approaches.

Since the current sampling of viruses is small and highly biased toward viruses of significant medical and economic interest, the group composition varies tremendously among different viruses, making decisions on novelty group-specific and dependent on the choice of specific criteria selected by researchers.

Practically, this means that definitive evidence for novelty in one group may not stand up to scrutiny in another.

The challenges mentioned above are addressed specifically in the framework of virus taxonomy, which partitions genomic variation above strain/isolate level and develops a unique taxa nomenclature under the supervision of the ICTV21.

To decide on virus novelty, taxonomists use the results of different analyses, although comparative sequence analysis plays an increasing role and is now the primary tool in the classification of coronaviruses.

When classifying a virus, researchers are required to define and name taxa only on the species and genus ranks while filling other ranks is optional.

Classifying Coronaviruses

Since 2011, the classification of coronaviruses and other nidoviruses has been assisted by the DEmARC (DivErsity pArtitioning by hieRarchical Clustering) software which defines taxa and ranks.

Naming Viruses and Virus Species: Roles of ICTV and WHO

One of the priorities of the World Health Organization (WHO), an agency of the United Nations, is concerned with communicable diseases, including the coordination of international public health activities aimed at containing (and mitigating the consequences of) major virus epidemics.

WHO also considers virus novelty and has responsibility in naming the disease(s) caused by newly emerging human viruses.

By doing so, WHO often takes the traditional approach of linking viruses to specific diseases and assessing novelty by an apparent failure to detect the causative agent by established diagnostic assays.

Formally, ICTV was involved in virus naming only until the grouping of the most closely related viruses into clusters (taxa species) was introduced and their nomenclature in the taxonomy established.

Work on DEmARC advancement and coronavirus and nidovirus taxonomies was supported by the EU Horizon2020 EVAg 653316 project, the LUMC MoBiLe program and a Mercator Fellowship by the Deutsche Forschungsgemeinschaft (to AEG) in the context of the SFB1021 (A01 to JZ)." - Alexander E. Gorbalenya, Susan C. Baker, Ralph S. Baric, Raoul J. de Groot, **Christian Drosten**, Anastasia A. Gulyaeva, Bart L. Haagmans, Chris Lauber, Andrey M Leontovich, Benjamin W. Neuman, Dmitry Penzar, Stanley Perlman, Leo L.M. Poon, Dmitry Samborskiy, Igor A. Sidorov, Isabel Sola, John Ziebuhr, in "Severe acute respiratory syndrome-related coronavirus: The species and its viruses – a statement of the Coronavirus Study Group", BioGen, BioRxiv, **11 February 2020.**

The European Union Business Plan - 2014-2020

What IS Horizon 2020

"Horizon 2020, the EU's Research and Innovation Funding Programme from 2014-2020 with a Budget of nearly €80 Billion." *- in "Horizon 2020", European Commission, 2019.*

European Virus Archive Goes Global - 2015

"The overall objective will be to create and mobilise an International network of high calibre centres around a strong European group of institutes selected for their appropriate expertises, to collect, amplify, characterise, standardise, authenticate, distribute and track, mammalian and other exotic viruses.

The network of EVAg laboratories including 25 institutions represents an extensive range of virological disciplines.

The architecture of the consortium is based on the association of capacities accessible to the partners but also to any end-users through the EVAg web-based catalogue.

The new project will also provide access to high containment biosafety facilities to carry out in vivo studies of infectious disease using natural or models hosts, to look at prophylactic or therapeutic control measures and to develop materials for the **evaluation of diagnostic tests, meaning an extensive capacity to service and to training.**

EVAg **will also link up with other** network-based virus-associated **programmes that exist globally.**

Looking further ahead, **EVAg is conceived ultimately to be an open entity aiming at developing synergies** and complementarity capabilities in such a way as to offer an improved access to researchers.

This project will generate the largest collection of mammalian viruses in the world and move beyond the current state-of-the-art to provide an increasingly valuable resource and service to the world's scientific community, including **government health departments, higher education institutes, industry and, through information systems**, the general public.

Fields of science

- Public Health
- Biological Sciences Microbiology
- Virology
- Health Sciences Infectious Diseases RNA Viruses
- Ebola
- Basic Medicine Pharmacology and Pharmacy Pharmaceutical Drugs
- Vaccines
- Biological Sciences Zoology Invertebrate Zoology

Recipients of Funding

China
WUHAN INSTITUTE OF VIROLOGY, CHINESE ACADEMY OF SCIENCES
Net EU Contribution: €130,576.80
Other Funding: €349,673.20

South Africa
NATIONAL HEALTH LABORATORY SERVICES
Net EU Contribution: €54,756.00

France
INSTITUT PASTEUR
Net EU Contribution: €455,375.26

Germany
ROBERT KOCH-INSTITUT
Net EU Contribution: €322,806.66

Germany
CHARITE - UNIVERSITAETSMEDIZIN BERLIN
Net EU Contribution: €691,217.49

UK
Department of Health
Net EU Contribution: €323,338.73
Italy
ISTITUTO NAZIONALE PER LE MALATTIE INFETTIVE LAZZARO SPALLANZANI-ISTITUTO DI RICOVERO E CURA A CARATTERE SCIENTIFICO
Net EU Contribution: €314,267.66

Australia
COMMONWEALTH SCIENTIFIC AND INDUSTRIAL RESEARCH ORGANISATION
Net EU Contribution: €80,031.25." - in "European Virus Archive goes global", Horizon 2020, European Commission, Start Date 1 April 2015, End Date 31 July 2020.

Look at the list and look at the involvement of these "Pundit Organizations" involvement and individual contributions to the Covid-19 Pandemic Farce.

The European Virus Archive Goes Global: A growing Resource for Research - 2018

"The European Virus Archive (EVA) was created in 2008 with funding from the FP7-EU Infrastructure Programme, in response to the need for a coordinated and readily accessible collection of viruses that could be made available to Academia, Public Health Organisations and Industry.

Within 3 years, it developed from a Consortium of 9 European Laboratories to encompass Associated Partners in:

Africa
Russia
China
Turkey
Germany
Italy

In 2014, the H2020 Research and Innovation Framework Programme (INFRAS projects) provided support for the transformation of the EVA from a **European to a Global Organization (EVAg).**

The EVAg now operates as a non-profit consortium, with 26 partners and 20 associated partners from 21 EU and non-EU countries.

In this paper, we outline the structure, management and goals of the EVAg, **to bring to the attention of researchers the wealth of products** it can provide and to illustrate how end-users can gain access to these resources.

Recently, in meeting the challenges of Emerging Viruses, the Consortium has voluntarily oriented a part of its activities to the support of the World Health Organization (WHO), during Emerging Health Crises by dedicating a new work-package entitled "Response to Emergence".

Moreover, the EVAg is currently an associated partner of the Global Outbreak Alert and Response Network (GOARN).

This publication was supported by the European Virus Archive global (EVAg) project that has received funding from the European Union's Horizon 2020 research and innovation programme under grant agreement No 653316."
- J. L. Romette, C. M. Prat, E. A. Gould, X. de Lamballerie, R. Charrel, B. Coutard, A. R. Fooks, M. Bardsley, Miles Carroll, **Christian Drosten**, J. F. Drexler, S. Günther, B. Klempa, D. Pinschewer, T. Klimkait, T. Avsic-Zupanc, M. R. Capobianchi, A. Dicaro, G. Ippolito, A. Nitsche, M.

Koopmans, C. Reusken, A. Gorbalenya, H. Raoul, H. Bourhy, T. Mettenleiter, S. Reiche, C. Batten, C. Sabeta, J. T. Paweska, M. Eropkin, V. Zverev, Z. Hu, S. Mac Cullough, A. Mirazimi, F. Pradel, P. Lieutaud in "The European Virus Archive goes global: A growing resource for research", UK Health Security Agency, October 2018.

Laboratory Isolation False Claim – Propagating The Lie

"Laboratory isolation and characterisation of viral pathogens, such as vaccinia virus, poliovirus, foot and mouth disease virus, yellow fever virus and others, began at the turn of the twentieth century.

This represented a pioneering era in the development of medical and veterinary virology." - **Christian Drosten, Charité-Universitätsmedizin** Berlin, corporate member of Freie Universität Berlin, Humboldt-Universität zu Berlin, Berlin Institute of Health, Institute of Virology, Germany, et al., in "The European Virus Archive goes global: A growing resource for research", Antiviral Research, October 2018.

Please Be Aware That:

No "virus", none, zero, nada, niet, 0, has ever been isolated.

There is not 1 paper or experiment which has shown that a de-facto "isolation" of a "virus" has been accomplished.

Thus, any so-called "Virologist", no mater how many MD's or PhD's letters, may or may not have, these creatures should be considered clowns, mumbling stupidity and talking more precisely, with their sphincters those which are are found to be near the body anatomical area of the Valves of Houston.

International Committee on Taxonomy of Viruses

"International Committee on Taxonomy of Viruses: Support is provided by the National Institute of Allergy and Infectious Diseases, U.S. National Institutes of Health (NIH), Award U24AI162625.

ICTV gratefully acknowledges Financial support from: American Society for Virology, Microbiology Society, Virology Division of IUMS, **Wellcome Trust,** Australasian Virology Society, Société Française de Virologie (SFV), Finnish Biochemical, Biophysical, Microbiological Society / Societas Biochemica, Biophysica et Microbiologica Fenniae." - in "International Committee on Taxonomy of Viruses", 2022.

There Are Now 10,434 "Virus" Species

"All proposals submitted for ratification were ratified by an absolute majority of the ICTV, and the changes are now part of official ICTV taxonomy.

An up-to-date list of all approved taxa, which now includes 10,434 virus species, can be found on the ICTV website, for the MSL and for the Virus Metadata Resource (VMR) that provides an exemplar virus isolate for each species along with the Gen-Bank accession number of the isolate.

Funding Information

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Is supported by the **European Research Council** (ERC) Consolidator grant 865694: DiversiPHI and the Deutsche Forschungsgemeinschaft (DFG, German Research Foundation) under Germany's Excellence Strategy – EXC 2051 – Project-ID 390713860.

This work was supported in part through Laulima Government Solutions, LLC prime contract with the US **National Institute of Allergy and Infectious Diseases (NIAID)** under Contract No. HHSN272201800013C.

A.R.M. is a **Program Director at the U.S. National Science Foundation (NSF)**.

Supported by the University of Helsinki and Academy of Finland by funding for FINStruct and Instruct Centre FI, part of Biocenter Finland and Instruct-ERIC.

Supported by the **UK Medical Research Council** (MC_UU_1201412).

Supported by the **Wellcome Trust** (WT108418AIA).

Supported by the **National Institute of Allergy and Infectious Diseases of the National Institutes of Health** under Award Number U24AI162625." - in "Recent changes to virus taxonomy ratified by the International Committee on Taxonomy of Viruses (2022)", Archives of Virology, 23 August 2022.

"All you have to do, is show something on TV for people to believe it is true." *- Michael Moore*

FDA Food & Drug Administration Businesses Plan

Mutual Recognition Agreement (MRA)

A New World for Pharmaceutical Inspections
The Mutual Recognition Agreement

"FDA has MRAs in force with the EU and the United Kingdom, respectively.

On 12 January 2023, the FDA signed an MRA with Switzerland.

Before this MRA enters into force, the FDA must determine whether Switzerland is capable of conducting inspections that meet U.S. requirements, and the Swiss Agency for Therapeutic Products (Swissmedic), must make a similar determination with respect to the FDA meeting Swiss requirements." - in "Mutual Recognition Agreement (MRA)", FDA, 31 May 2023.

Country	Date Recognized
United Kingdom	November 1, 2017 September 24, 2021
Slovakia	July 11, 2019
Germany	June 26, 2019
Luxembourg	June 10, 2019 May 30, 2023
Netherlands	June 10, 2019 May 30, 2023
Bulgaria	April 29, 2019 May 30, 2023
Cyprus	April 29, 2019
Poland	February 7, 2019 May 30, 2023

Country	Date Recognized
Slovenia	February 7, 2019 May 30, 2023
Estonia	November 28, 2019 May 30, 2023
Belgium	November 16, 2018 May 30, 2023
Denmark	November 16, 2018 May 30, 2023
Finland	November 16, 2018 May 30, 2023
Latvia	November 16, 2018
Portugal	September 14, 2018 May 30, 2023
Ireland	June 1, 2018 May 30, 2023
Lithuania	June 1, 2018
Greece	March 1, 2018 May 30, 2023
Hungary	March 1, 2018 May 30, 2023
Czech Republic	March 1, 2018
Romania	March 1, 2018
United States	November 1, 2017 May 30, 2023
Austria	November 1, 2017 May 30, 2023
Croatia	November 1, 2017
France	November 1, 2017 May 30, 2023
Italy	November 1, 2017
Malta	November 1, 2017
Spain	November 1, 2017 May 30, 2023
Sweden	November 1, 2017

It is interesting to note that the first of these so-called MRA agreements where done on the 1 November 2017.

So What Happened In 2017

"The Coalition for Epidemic Preparedness Innovations (CEPI) is a foundation that takes donations from public, private, philanthropic, and civil society organisations, to finance research projects which are not longer independent to Develop Vaccines against Emerging Infectious Diseases (EID).

CEPI is focused on the World Health Organization's (WHO) "blueprint priority diseases", which include: the Middle East respiratory syndrome-related coronavirus (MERS-CoV), the Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), the Nipah virus, the Lassa fever virus, and the Rift Valley fever virus, as well as the Chikungunya virus and the hypothetical, unknown pathogen "Disease X".

CEPI investment also requires "equitable access" to the vaccines during outbreaks, although subsequent CEPI policy changes may have compromised this criterion.

CEPI was conceived in 2015 and **formally launched in January 2017, at the World Economic Forum (WEF) in Davos, Switzerland.**

It was co-founded and co-funded with US$460 Million from the Bill and Melinda Gates Foundation, the Wellcome Trust (GSK), and the Governments of India and Norway, and was later joined by the European Union (2019) and the United Kingdom (2020).

CEPI is headquartered in Oslo, Norway." - in "Wikipedia", 24 July 2023.

Pharmaceutical Companies Spend USD $6.6 BILLION of TV Advertising - 2019

"Pharma is the fourth-largest spender on TV ads in the U.S., with $6.6 Billion spent over the past year.

While likely no surprise to most TV viewers, only retail ($8.7 billion), financial and real estate ($7.9 billion) and tech ($7.4 billion) serve up more TV ads than Pharma." - in "Hey, big spender: Pharma's $6.6B TV ad outlay outranks most other industries, report says", Fierce Pharma, 15 May 2019

"Do not get sold on drug advertising. Prescription drug ads are a multibillion-dollar industry that promotes treatments you may or may not need. *Ads for prescription drugs are everywhere. You can't watch a sporting event without seeing an ad touting a treatment for erectile dysfunction, high cholesterol, high blood pressure, or joint pain.*

Drug marketing is a big business, and companies are willing to spend a lot of money to offer you an easy solution to a health problem you may or may not have.

From 2012 to 2015, yearly spending on prescription drug advertising in all media outlets (except digital) rose from $3.2 Billion to $5.2 Billion, and that figure is expected to only go up." *- in "Harvard Health Publishing", 14 February 2017.*

Chapter 18

Covid-19
The UN-Told Story
Part V

"It appears to me but reasonable to suppose that as every thing on this earth has been created on a wise and unerring principle, Epidemic and Infectious Diseases are only indicative of some serious errors in our social arrangements and habits. The dangers and misery brought upon us by disease, may, as shewn by Dr Spurzheim and Mr. Combe, be warnings against the infringement of the natural laws." *- Dr Benjamin Guy Babington, MD, FRS, President of the London Epidemiological Society, in "Epidemics, Examined and Explained", 1850.*

Novel "Coronavirus" Transmission Farce

"At this stage, **there is no clear evidence of human-to-human transmission in the novel coronavirus (2019-nCOV)** outbreak in Wuhan, China. However, the Chinese authorities continue intensive surveillance and follow-up measures, including environmental investigations." - in "World Health Organization", **12 January 2020.**

"Preliminary investigations conducted by the Chinese **authorities have found no clear evidence of human-to-human transmission of the novel coronavirus (2019-nCOV)** identified in Wuhan, China." - in "World Health Organization", **14 January 2020.**

We Were Shocked to Find Out

"We found out yesterday, when we asked if Pfizer tested their medical product [Covid-19 Vaccine], [it] is stopping the spread of the virus?

We were shocked to find out, that I haven't tested their [Covid-19] Vaccine to see if it's stopping the spread of the virus!

So, we are now more than a year after the Green Certificate, the Digital Covid Certificate was imposed in the European Union, and people were forced to be vaccinated with the medical product [Covid-19 Vaccine], in order to exercise their basic fundamental rights.

We find out now, after more than a year, that when they requested the special marketing authorization, they haven't tested the vaccine to see if it's stopping the spread of the virus.

We heard yesterday, I was shocked.

There's another issue right now raised all across Europe **the excess mortality rate in the month of July according to Eurostat in the month of July 2022 the exact mortality rate all across European Union went up 16% more than the average of 2016 and 2019.**

The countries with the highest vaccination rate have right now the highest mortality rate so obviously we asked is there a connection between being vaccinated and having a higher mortality rate everybody's avoiding answering this.

There's another issue, a year ago I requested European Medicines Agency (EMA) to submit some details, and data to me, because I wanted to have an informed decision when I voted in favour or against the Green Certificate, and one of the questions that I asked the European Medicines Agency (EMA) [was] to send me the all the Clinical Trials, that all these medical companies had done either in animals or in humans, before they requested the marketing authorization.

So in the case of Pfizer, here's something interesting: when Pfizer submitted the information and the Clinical Trials, they submitted along with the request, they **[Pfizer] submitted a Clinical Trial that started in 14 January 2020.**

I asked yesterday, the representative of Pfizer and she declined to answer.

How is it possible that we the world found out in December of 2019 that there is a Covid or Coronavirus as is called in China December of 2019 on 11 January 2020 the Chinese Government released the DNA data, or a segment of it to the public, and 3 days later, Pfizer already started the tests for this vaccine.

How is that possible?

She did not answer!

In the case of Moderna, and, I've asked the CEO of Moderna 3 weeks ago, when he was here [EU], they submit the trials since 2017.

How is it possible that when we found out in December of 2019 about this virus they submitted tests of their vaccines [two] years before we found out about the virus.

And I'm still asking that question now how is that possible?

So, these are the legit questions that we all asked, and that people are asking us, and unfortunately they are declining to answer." - Francesca Donato, MEP, (Italy), Cristian Terhes, MEP (Romania), Virginie Jeron, MEP (France), Sylvia Limmer, MEP (Germany), Ivan Sincic, MEP (Croatia), Christine Anderson, MEP (Germany), in "Members European Parliament, Press Conference the day after Albert Bourla, Pfizer CEO, refused to participate in the EU Covid Committee and answer questions in front of European Parliament", 11 October 2022.

New COVID-19 Guidance From CDC Focuses on Individual Decisions - 2022

"1. Those exposed to the virus are no longer required to quarantine.

2. Unvaccinated people now have the same guidance as vaccinated people.

3. Students can stay in class after being exposed to the virus.

4. It's no longer recommended to screen those without symptoms." - in NPR, 11 August 2022.

The Narrative Continued & Society Continued To Behave As If The Mathematical Models Had Been Right

"When the corona crisis started, I immediately started to study the statistics, and I immediately got the impression that the mathematical models and statistics that were used dramatically overrated.

The dangerousness of the virus, and then in my opinion a few months later, **by the end of May 2020, this was actually proven beyond doubt** at that moment, but the initial mathematical models on which the corona measures were based, on **the models issued by Imperial College predicted that by the end of May 2020, in a small country such as Sweden about 60,000 people would die, if the country didn't go into lockdown. And Sweden didn't go into lockdown, and only 6,000 people died.**

And at that moment for me, in the first week of the corona crisis I published two opinion papers in which I tried to warn people that there was something dangerous out there, and, I wasn't referring to the virus.

The title of the first paper was: **"The Fear of the Virus is More Dangerous than the Virus Itself".**

And strangely enough, **I try to show people in what way the statistics were wrong, but nobody really seemed to care about it, and everybody continued to buy into the narrative, and even when by the end of May 2020, it was proven beyond the shade of a doubt that the mathematical models had been dramatically wrong.**

The narrative continued, and the society continued, to behave as if the mathematical models had been right.

And that was the moment for me, when I switched my perspective, at that moment, I decided to focus on the Psychological Mechanisms that could explain why an entire Society, couldn't see any more, that the narrative they believed in was blatantly absurd and many respects.

And it took me 1 or 2 months before I could, in my opinion, pinpoint it, and before I started to understand that what we were dealing with, was a large scale process of Mass Formation." - Professor Mattias Desmet, in "Carlson Tucker Today", Fox, 1 September 2022.

It Was a Gigantic Lie

"The people have been lied to, it was a gigantic lie, on this lie, everything that governments, especially, in the western democracies did; to infringe on on people's rights, to take away their freedom, to lock them in their homes imposing curfews, all of this was based on that gigantic lie.

We are doing an incredible job in this Covid Committee we will get to the bottom of things and we will get the answers that the people that you deserve." - Christine Anderson, MEP, in "European Parliament Covid Committee", European Parliament, 5 November 2022.

Africa Is Only 6% Vaccinated And "Covid" Has Practically Disappeared Scientists Baffled

"There is something "mysterious" going on in Africa that is puzzling scientists, said Wafaa El-Sadr, chair of Global Health at Columbia University.

Africa doesn't have the Vaccines and the resources to fight COVID-19 that they have in Europe and the U.S., but somehow they seem to be doing better.

Fewer than 6% of people in Africa are Vaccinated.

For months, the WHO has described Africa as "one of the least affected regions in the world" in its weekly pandemic reports.

> ***"Covid-19 is gone, when did you last hear of anyone who has died of COVID-19? The mask is to protect my pocket."*** *- Ndou*

Earlier this week, Zimbabwe recorded just 33 new COVID-19 cases, and **0 deaths,** in line with a recent fall in the disease across the continent, where World Health Organization data show that infections have been dropping since July.

When the coronavirus first emerged last year, Health Officials feared the pandemic would sweep across Africa, killing millions, **that catastrophic scenario has yet to materialize in Zimbabwe or much of the continent."** - in "Scientists mystified, wary, as Africa avoids COVID disaster", Associated Press, 19 November 2021.

False CDC Covid Data Inflating Pediatric Mortality by 40%

***"On Saturday, the New York Times cited false CDC Covid Data, inflating the pediatric mortality count by nearly 40 percent"**. - David Zweig, Writer & Journalist, Twitter, 24 July 2023.*

"As of this summer, more than 345,000 Americans under 70 have died of the virus, and more than 3.5 Million have been hospitalized with Covid.
***The disease has killed nearly 2,300 children and adolescents**, and nearly 200,000 have been hospitalized." - in "The New York Times", 22 July 2023.*

"This is false.

Nearly 2,300 American children and adolescents have not died from Covid.

There are two problems here.

First, the CDC knows this number is wrong, but it shares this number publicly anyway.

Second, many journalists, including the three New York Times reporters on this piece, continue to report these incorrect numbers.

This is the umpteenth example of our public health agencies providing misleading or outright incorrect information and journalists reporting it without making an attempt to verify its accuracy." - David Zweig in "New York Times Cites False CDC Covid Data, Inflating Pediatric Mortality Count", Silent Lunch, 24 July 2023.

Authorities Over-Counted Deaths

"The official number is probably an exaggeration because it includes some people who had virus when they died even though it was not the underlying cause of death. Other CDC data suggests that almost one-third of official recent Covid deaths have fallen into this category." *- in "New York Times", 17 July 2023.*

"After relentlessly calling it a "conspiracy theory", New York Times and CDC now admit:
Authorities over-counted Covid deaths and overhyped the pandemic.
About 1/3 of "official" Covid deaths, or hundreds of thousands of deaths, were not due to Covid." *- Kevin Bass PhD MS, in "Twitter", 18 July 2023.*

WHO Says Covid-19 Emergency Is Over

"But Maria van Kerkhove, the WHO's technical lead for Covid, warned that "the emergency phase is over **but Covid is not** ... While we're not in crisis mode, **we can't let our guard down.**

We don't want to see systems shut down, people laid off, labs closed.

However, we have to calibrate what was done in the crisis".

The Health Body began using the word "pandemic" in March 2020 to alert the world to the perils of the virus, though the term bears no legal meaning.

The head of the top US Public Health Agency, CDC announced her departure hours after the WHO's announcement.

Rochelle Walensky said she would step down in June as head of the US Centers for Disease Control and Prevention, CDC a role she has held since December 2020." - in "The Times", 5 May 2023.

Biden Announces The Second Pandemic

"We need more money to plan for the Second Pandemic. There Is Going to be Another Pandemic." *- President Joe Biden speaks at the White House about the need for more funding to fight Covid-19, Bloomberg, 22 June 2022.*

The US: Office of Pandemic Preparedness and Response Policy – 21 July 2023

"Under President Biden's Administration has taken significant steps to ensure all individuals have continued access to Vaccines, treatments, and Tests, and that the nation is well prepared to manage the risks of COVID-19 or other causes of potential pandemics in the future. To ensure that our country is more prepared for a pandemic than we were when he took office, the Administration is standing up the Office of Pandemic Preparedness and Response Policy (OPPR). This will be a permanent office in the Executive Office of the President (EOP) charged with leading, coordinating, and implementing actions related to preparedness for, and response to, known and unknown biological threats or pathogens that could lead to a pandemic or to significant public health-related disruptions in the United States. OPPR will take over the duties of the current COVID-19 Response Team and Mpox Team at the White House and will continue to coordinate and develop policies and priorities related to pandemic preparedness and response. The Office of Pandemic Preparedness and Response Policy will: Coordinate the Administration's domestic response to public health threats that have pandemic potential, or may cause significant disruption, and strengthen domestic pandemic preparedness. This includes ongoing work to address potential public health outbreaks and threats from COVID-19, Mpox, polio, avian and human influenza, and RSV. Drive and coordinate federal science and technology efforts related to pandemic preparedness. Specifically, OPPR will oversee efforts to develop, manufacture, and procure the next generation of medical countermeasures, including leveraging emerging technologies and working with HHS on next generation Vaccines and treatments for COVID-19 and other public health threats." - in "FACT SHEET: White House Launches Office of Pandemic Preparedness and Response Policy", 21 July 2023.

The EU: Health Emergency Preparedness and Response Authority - 15 September 2021

"The Health Emergency Preparedness and Response Authority (HERA) is a directorate-general of the European Commission created to prepare the EU for a future pandemic and to avoid the mistakes made during the EU's response to the COVID-19 pandemic.

European Commission President Ursula von der Leyen first announced plans for such a body in 2020.

On 15 September 2021, the EU announced the launch of HERA and the service was established as a directorate-general of the European Commission on 16 September.

HERA has been operational since early 2022.

HERA will assess potential health threats, promote research, ensure the availability of critical production and help build stockpiles.

During a health crisis, the authority would activate emergency funding and help coordinate monitoring, acquisition and purchase of medical equipment or treatments." - in "Wukipedia", 31 July 2013.

Global Vaccine Summit 2013: Opening Remarks from Bill Gates

"Welcome to the second day of the **Global Vaccine Summit,** last night we had a great celebration of all progress we've made **in the global effort.**

We are much closer today to achieving the goal of universal coverage.

Today we'll have experts sitting down and talking about what it takes to solve this problem.

You'll hear some very exciting new commitments to this fight.

You'll see new partnerships that are working together and solve the very tough problems that we have in the the final stages.

I think today will go down in the the history of Global Health it's a very important day, right up there with the time that UNICEF first committed to universal vaccination, right up there with the original creation of the Global Alliance for Vaccines.

We have an incredible set of people here.

I challenge all of us to use the time together to share our knowledge and insights challenge each other's ideas and assumptions **and use our combined understanding and energy to generate the new ideas and partnerships that'll achieve our goal.**" - Bill Gates, Gates Foundation, 20 May 2013.

Bird Flu Could Become The Next Pandemic

"Last month a pet dog in Canada died of H5N1, also known as bird flu, after eating a wild goose.

When you see a wild bird such as a duck or seagull, think bird flu.

Because it's actually more likely than not they're infected with the virus. And many species of wild birds are asymptomatic.

But the risk of spread among mammals is ever-present.

The Cornerstone of Infectious Disease Preparedness Is In:

Surveillance
Testing
Vaccines

A H5 candidate Vaccine virus recently produced by the CDC is likely to provide good protection against the circulating H5N1 viruses." - Devi Sridhar, in "Bird flu could become the next human pandemic – and politicians aren't paying attention", The Guardian, 16 May 2023.

Scotland Trojan Horse

"Devi Lalita Sridhar FRSE is an American public health researcher, who is both professor and chair of Global Public Health at the University of Edinburgh, Scotland.

She directs the University of Edinburgh's Global Health Governance Programme which she established in 2014.

Has written 2 books, The Battle Against Hunger: Choice, Circumstance and the World Bank Governing Global Health: Who Runs the World and Why?, (co-written with Chelsea Clinton) and Preventable: How a Pandemic Changed the World & **How to Stop the Next One.**

Following the West African Ebola virus epidemic, she worked with the Harvard Global Health Institute, and **London School of Hygiene & Tropical Medicine** to assess international responses to the outbreak and use it to better inform preparations with future pandemics.

In 2020, she was part of the Royal Society's Data Evaluation and Learning for Viral Epidemics (DELVE) group **which influences the Scientific Advisory Group for Emergencies (SAGE) committee of the Government of the United Kingdom.**

She also serves as a member of the Scottish Government's COVID-19 advisory group set up to provide advice on how to deal with the COVID-19 pandemic in Scotland.

She is an Associate Fellow with the Chatham House Centre on Global Health.

In 2011, she was appointed to Wolfson College, Oxford as an associate professor in Global Health Politics.

Sridhar serves on the World Economic Forum Global Agenda Council on the Health Industry (WEF).

She started to research the rise of public–private partnerships in Global Health Governance, and how, whilst they are crucial to combat infectious disease, their non-transparent accountability and effectiveness should be investigated.

International organisations are redirected by specific incentives, and the asymmetry of information sharing between member states and groups like **the World Health Organization (WHO) or World Bank limits their impact.**

She worked with Chelsea Clinton and used principal agent theory to study the Global Fund to Fight AIDS, Tuberculosis and Malaria and the GAVI alliance.

And has worked with Julio Frenk on the need for an independent and impartial **World Health Organization.**

On 28 March 2020, The Lancet published a letter signed by Sridhar and 35 other professors, criticising the UK's secretive approach to the COVID-19 pandemic, saying "we request that the government urgently and openly shares the scientific evidence, data, and models it is using to inform current decision making related to COVID-19 public health interventions.

With the UK increasingly becoming an outlier globally in terms of its minimal social distancing population-level interventions, transparency is key to retaining the understanding, cooperation and trust of the scientific and healthcare communities as well as the general public, ultimately leading to a reduction of morbidity and mortality."

In August, Sridhar wrote a New York Times op-ed titled "We Will Pay for Our Summer Vacations With Winter Lockdowns", which was a reflection on the role of tourism and travel in community transmission of the virus, **urging "strict border measures" for European countries to contain the coronavirus.**

In December, sequencing by the COVID-19 Genomics UK Consortium indicated that Scotland had almost eliminated the first strains of COVID-19 over the summer, and that travel and holidays abroad had re-seeded the newest strains and the second wave.

One of the evolutionary genetics researchers, Thomas Christie from the University of Edinburgh, noted that 'the second wave of COVID-19 in Scotland was caused by new strains of the virus brought in from abroad and other parts of the UK'.

Sridhar co-authored an open letter in The Lancet (15 October 2020).

The letter, which calls for science-based public health policy and rejects "naturally acquired herd immunity" as a dangerous fallacy, received 2,000 signatures from the science and healthcare community within 24 hours." - in Wikipedia", 18 May 2023.

University of Edinburgh Funding

"Bill Gates was at Edinburgh University yesterday to announce £28 Million Investment.

Bill Gates graced Edinburgh University yesterday as he launched the university's new "Global Academy" alongside Secretary of Sate for International Development Penny Mordaunt." - in "University of Edinburgh", 26 January 2018.

Please note that this is one of many large sums donations from the Gates Foundation to the University of Edinburgh.

Donation Amounts by Donor for University of Edinburgh

Wellcome Trust (GSK)
$USD 378,381,734.00

Open Philanthropy (George Soros)
$USD 102,041.00

Chan Zuckerberg Initiative (Facebook)
$USD 116,534.00

- in "University of Edinburgh donations received", Vipul Naik, May 2023.

The Fake Pandemic Lockdown Farce

"Astonishing PartyGate Twist, Boris Johnson Tory accuser "went to wife's birthday drinks party" in lockdown." *- in "Daily Mail", 15 June 2023.*

"Boris Johnson denied what was true.
He asserted what was not true, obfuscated and deceived.
It is clear, he knew the rules and guidance.
As [UK] Prime Minister, he was telling the Country about them, nearly every day.
He knew that there were gatherings, he was there.
He knew that the Gatherings Breached the Rules, and the Guidance, yet, he told the House (of Commons) that the rules and guidance were followed in Number 10 at all times (official UK Prime Minister Residence in London)." - Harriet Harman, MP, Chair, Privileges Committee, in "House of Commons", UK Parliament, 19 June 2023.

To Inject Every Single Member Of The Species With The Same Product Regardless

"Question: What was that moment for you when you know, flip the switch, and you said wait a second, hold on, this doesn't make sense.

Was it looking at the VAERS data, and seeing what was going on VAERS or did you go before that?

Dr Jessica Rose: Once you start down that road, it's like you cannot look back.

The next study you read is like holy shit!

And you go to that reference, and you're like holy shit!

And you go back and you're like well maybe they're not credible, and then you see they have like 200 Articles published, and then you see that they've written Books, and then you read the book, and you're like:

Oh My God! How does this all exist, and I didn't even know about it!

It would really really take a lot, for someone, to convince me of the value of getting an Injection, of any kind.

At this point I I'd much rather take care of myself.

It was like a year before, it was the behaviour of the people, it was the militarization, and the politicization of what was meant to be Public Health.

It was so obvious to me.

I'm like; listen:

You don't need to even use the word "Mandate", if your product works.

You don't need to, if it's "Safe and Effective."

Everyone will take it.

You don't need propaganda.

You don't need advertising.

You don't need to entice people with food.

You don't need to lure kids into trucks with candy.

You don't need to do any of that.

So it's like that, was just no!

And also, when they started touting this;

"There's only one way out", propaganda, then I definitely knew.

It's like, listen now I'm going to start looking at the "Adverse Events" that are going to start piling up.

Because there's something else going on here.

Because it's not in line with "Vaccinology", or "Epidemiology", or "Virology", or anything to Inject every single member of the species, with the same product regardless of age regardless of health status regardless of susceptibility, vulnerability, it doesn't make any sense.

They're trying to Inject every single human being for a reason, and it can't be a good one.

And it can't be one based on science.

There's absolutely an entity that's orchestrating all of this." - Dr Jessica Rose, PhD, MSc, Bsc, Master's in Immunology, Memorial University of Newfoundland, Computational Biology, Bar Ilan University, Post Doctoral Degrees; Molecular Biology, Hebrew University of Jerusalem, Biochemistry, Technion Institute of Technology, in "The Covid Chronicles", Vaccine Safety Foundation, 23 June 2023.

Mandatory Testing Farce

"As scientists and as Physicians, we are essentially against mandatory testing.

I mean if one would talk about mandatory testing in society the easiest way to drive people away, is to make something mandatory with the hidden agenda of there being something punitive about it.

If you want to bring people in to counsel them then it shouldn't be mandatory." - Dr Anthony Fauci, MD in "Close Up", CSPAN, 6 December 1992.

The Quarantine Farce

"There's Universal agreement among Public Health Service officials that testing someone and then if they're positive isolating them quarantining them is totally one not logistically possible, and two incompatible with the Public Health Service component of what you're trying to do if someone knows that." *- Dr Anthony Fauci, MD in "AIDS and Civil Rights", US Commission on Civil Rights, CSPAN, 16 May 1988.*

"It's it's a terrible idea from a public health standpoint, or any standpoint to isolate people who are HIV infected, and think that you can protect the general public by putting people into forced isolation.

The answer is not to sequester and quarantine people, that is very bad Public Health idea not to mention ethical and moral." - Dr Anthony Fauci, MD, in "Discussion with Anthony Fauci and AIDS Activist Larry Kramer", US AIDS Policy, CSPAN, 30 November 1993.

"Viruses" in Sewage by PCR Test Farce

"More than 140 virus types that cause a broad variety of illnesses in humans can be found in water as a result of contamination with waste. Sewage influent contains pathogens shed by infected individuals, and the molecular detection and characterization of human viruses in urban sewage has been used extensively to derive information on the viruses circulating in a given population.

Several of these viruses have been implicated in waterborne outbreaks of gastroenteritis including rotavirus A (RV-A).

Despite the difficulty in determining the proportion of gastroenteritis cases resulting from waterborne infection, a significant percentage of the cases can be associated with poor water quality." - in "Detection of rotavirus A in sewage samples using multiplex qPCR and an evaluation of the ultracentrifugation and adsorption-elution methods for virus concentration", Journal of Virological Methods, December 2010.

Detection of Viruses by Real-Time qPCR

"Most of the fecal-oral-transmitted viruses are highly resistant in the water environment, where they may persist at high levels despite the decontamination processes commonly used for drinking water and sewage treatment.

Most of them are nonenveloped viruses, such as norovirus, enterovirus, Aichi virus, parechovirus, hepatitis A and E viruses (HAV and HEV, respectively), astrovirus, rotavirus, and adenovirus (Ad).

These viruses cause outbreaks or sporadic cases with a wide range of symptoms from mild to severe gastroenteritis to meningitis, respiratory disease, conjunctivitis, paralysis, or hepatitis.

Human norovirus (HuNoV), a positive-sense RNA virus, is one of the leading gastroenteritis agents and has become an increasing public concern worldwide.

Most persons infected with enterically transmitted viruses shed large amounts of virus in feces for days or weeks, both before and after onset of symptoms. Therefore, viruses causing gastroenteritis may be detected in wastewater, even if only a few persons are infected.

In this study, the presence of eight pathogenic viruses (norovirus, astrovirus, rotavirus, adenovirus, Aichi virus, parechovirus, hepatitis A virus [HAV], and hepatitis E virus) was investigated in sewage to explore whether their identification could be used as an early warning of outbreaks.

Primers for hepatitis A virus (HAV), hepatitis E virus (HEV), rotavirus, adenovirus, Aichi virus, astrovirus, and parechovirus were used at a concentration of 600 nM, and the primers for norovirus detection were used at a concentration of 900 nM.

A 200 nM concentration of the probes was used in the quantitative PCR (qPCR) for 7 of the viruses.

The approach used in this study with molecular-based qPCR may increase the level of detection of the investigated viruses. However, it may also detect genomes from noninfectious virus particles.

Even if only viral fragments are identified, it will still give a good indication as to which viruses circulate in the population and which viruses infect persons that do not seek medical attention.

Future studies should also include viruses that are excreted in urine and investigate the presence of additional enterically transmitted viruses in order to get a powerful tool that can be used for both epidemiological purposes and early warning of outbreaks." - in "Detection of pathogenic viruses in sewage provided early warnings of hepatitis A virus and norovirus outbreaks", Appl. Environ. Microbiol., November 2014.

"Viruses are ubiquitous and persistent in raw wastewater and treated wastewater as well as in the receiving water bodies. One of the main sources of viruses, including viral pathogens in wastewater is the human fecal matter, particularly that from infected persons.

High-throughput sequencing has been used in the comprehensive studies of wastewater treatment systems, allowing for a large number of samples to be processed simultaneously.

This approach has been shown to be important in studying the fate of viruses during and after wastewater and sludge treatment processes, in evaluating efficiencies of the treatment systems, and in identifying paths of transmission of human diseases through exposure to wastewater or sludge.

Research needs identified in this review include further validation of the processing methods for wastewater samples, with a specific focus on ascertaining concentrations of emerging viruses such as SARS-CoV-2 using seeded samples.

Further validation of assays that use primers specific to SARS-CoV-2 in wastewater matrices should also be conducted.

Further studies should also include SARS-CoV-2 infectivity assays of influent, effluent and sludge samples.

Future research on the presence of viruses in aerosols emitted from wastewater or sewage systems must also be conducted.

The development of rapid, and sensitive methods could also be considered to complement the molecular methods to provide timely information about presence and abundance of viruses in wastewater samples, as part of routine monitoring or as part of a WBE approach to investigate ongoing or emerging disease outbreaks." - in "Viruses in wastewater: occurrence, abundance and detection methods", Sci. Total Environ., 25 November 2020.

Infection Occurred Through Respiration of Aerosols Created by Toilet Flushing or Faulty Plumbing Systems

"It was suggested that the SARS-CoV-1 infection occurred through respiration of aerosols created by toilet flushing or faulty plumbing systems.

Similar to SARS-CoV-1, RNA of the newly emerged SARS-CoV-2 has been detected in stool samples as well as wastewater.

Therefore, it has been postulated that wastewater, a sustainable source of freshwater, could be an indirect infection pathway during SARS-CoVs outbreaks.

Entry of the virus into the sewer system results in a variety of potential transport pathways that must be considered in the context of faecal–oral transmission." - in "Rethinking wastewater risks and monitoring in light of the COVID-19 pandemic", Nature Sustain, December 2020.

Sewage Could Reveal True Scale of Covid Pandemic

"Wastewater testing could also be used as an early-warning sign if the virus returns.

More than a dozen research groups worldwide have started analysing wastewater for the new coronavirus as a way to estimate the total number of infections in a community, given that most people will not be tested.

The method could also be used to detect the coronavirus if it returns to communities, say scientists.

A microbiologist at KWR Water Research Institute, Netherlands.

Monitoring effluent at this scale could provide better estimates for how widespread the coronavirus is than testing, because wastewater surveillance can account for those who have not been tested and have only mild or no

symptoms, who has detected SARS-CoV-2 genetic material — viral RNA — in several treatment plants in the Netherlands.

Health authorities are only seeing the tip of the iceberg." - in "How sewage could reveal true scale of coronavirus outbreak.", Nature, 3 April 2020.

KWR Water Research Institute

"Water is the basis of life.

It is essential for nature, people, food production and economic development. The availability of sufficient clean water has become a societal issue all over the world.

In our water-wise world research programme we work on the optimal organisation and management of the water cycle, with a circular economy as a key driver and the United Nations (UN) Sustainable Development Goals in mind.

KWR has been a Collaborating Centre (CC) on Water Quality and Health of the World Health Organization WHO since 2013.

As a CC, KWR engages in a range of activities in the service of global public health.

KWR is a Collaborating Centre (CC) on Water Quality and Health of the World Health Organization, a specialised organisation of the United Nations. This designation was renewed for the second time in late 2021.

Working under the WHO umbrella, CCs can initiate their own research. WHO is a major player in the field of international health policy.

Through CCs, WHO gains access to the high-quality institutional capacity it needs to do its work and attain its objectives. Among other things, KWR provides specialist advice based on more than 50 years of research in water quality and health. CCs enter into long-term alliances with WHO. Worldwide, 13 CCs in the field of water and sanitation collect data for WHO reports, organise meetings or develop guidelines.

"WHO collaborating centres are institutions such as research institutes, parts of universities or academies, which are designated by the Director-General to carry out activities in support of the Organization's programmes.

Currently there are over 800 WHO collaborating centres in over 80 Member States working with WHO on areas such as nursing, occupational health, communicable diseases, nutrition, mental health, chronic diseases and health technologies." - in "Over 800 institutions in over 80 countries supporting WHO programmes", Collaborating Centres, United Nations, 1 August 2023.

Bridging Science to Practice

"Bridging Science to Practice" is KWR's motto.

Our researchers work at the interface of science, business and society.

We have built a solid reputation as top-level innovation accelerators and international network builders, and increasingly play a coordinating role in national and international collaborations.

Our global, European and national ambitions, which are further explained in our mission statement, have been translated into 5 KWR research programmes that make a concrete contribution to this:

1. Health
2. Sustainability
3. Society
4. Looking ahead
5. Enabling technologies

To make this water-wise world possible, KWR wants to build bridges between science and practice at all these levels.

This is the only way we can realise technical and social solutions.

We consider water in the broad context of the Water-Energy-Food Nexus.

The Circular Economy is already leading in many of our research initiatives.

The KWR Water Research Institute is part of The Global Water Research Coalition (GWRC), a global network of leading research institutes in the water sector, which is dedicated to research and knowledge sharing." - in "KWR Water Research Institute", 1 August 2023.

The Global Water Research Coalition

"The Global Water Research Coalition (GWRC) is a non-profit organisation that serves as the collaborative mechanism for water research.

he aim of the GWRC is to leverage funding and expertise amongst the participating research organisations, coordinate research strategies, secure additional funding not available to single country research foundations, and actively manage a centralised approach to global issues.

The present members of the GWRC

Canadian Water Network (Canada)
KWR Water Cycle Research Institute (Netherlands)
PUB (Singapore)
Suez (France)
Stowa - Foundation for Applied Water Research (Netherlands)
DVGW TZW- German Water Centre (Germany)
UK Water Industry Research (UK)
Veolia (France)
Water Research Australia (Australia)
Water Research Commission (South Africa)
Water Research Foundation (US)
Water Services Association of Australia (Australia)" - in "The Global Water Research Coalition", 1 August 2023.

Workers To Be Kept Safe From Covid-19 In Sewage

"The controls already in place to protect persons working around wastewater are based on keeping workers safe from much more readily transmissible and established faecal-oral pathogens (such as norovirus, adenovirus, hepatitis A virus, Cryptosporidium, Giardia and Campylobacter).

The key point is that existing, standard approaches, already used for working safely with wastewater, still apply, and no special or specific changes need to be made due to the COVID-19 Virus.

The COVID-19 Virus is just one of many pathogens including viruses potentially present in wastewater." - in "COVID-19 Virus", The Global Water Research Coalition, 25 May 2020.

Long Vax

"You've heard of "Long Covid," the cases of people who can't shake the lingering symptoms of Covid-19.

> *"You see 1 or 2 patients and you wonder if it's a coincidence.* ***But by the time you've seen 10, 20; where there's smoke, there's fire."*** *- Dr Anne Louise Oaklander, Neurologist and Researcher, Harvard Medical School, told Science.*

Now comes "Long Vax" — a rare, but baffling set of symptoms that follow a small number of people for months after receiving the Covid-19 Vaccine." - in "What is 'Long Vax'? Symptoms linked to COVID-19 shot baffle Docs", New York Post, 6 July 2023.

Pharma Campaign Cash Delivery To Congress & Key Lawmakers

"Pharma Funded more than 2,400 State Lawmaker Campaigns in 2020.

Top 5 State Legislatures by Share of Lawmakers Receiving Pharma Funds:

1. California 81.7%
2. Louisiana 84.4%
3. Illinois 76.3%
4. Virginia 69.3%
5. Texas 67.4%

Two-thirds of Oregpm state legislature accepted at least one campaign check from the Drug Industry during the 2020 election cycle.

The trade group PhRMA, alone, wrote checks to 43 of the legislature's 90 lawmakers.

More than two-thirds of Congress cashed a Pharma Campaign Check in 2020.

72 senators and 302 members of the House of Representatives cashed a check from the Pharmaceutical Industry ahead of the 2020 election — representing more than **two-thirds of Congress**, according to a new STAT analysis of records for the full election cycle.

Pfizer's political action committee contributed to 228 Lawmakers.

Amgen's PAC [A PAC is a political committee that raises and spends money to elect or defeat candidates, most PACs represent businesses such as the Microsoft PAC], **donated to 218, meaning that each company helped to fund the campaigns of nearly 50% the lawmakers on Capitol Hill.**

Overall, the sector donated $14 Million." - in "Prescription Politics", STAT, 9 June 2021.

COVID Hypocrisy: Policymakers Breaking Their Own Rules

"Rules for thee but not for me? The interactive map below shows the continuing hypocrisy of public officials and figures who violate their own coronavirus mandates, policies, recommendations, and guidance, with 105 reported instances to date, and counting. Some officials have violated their own rules more than once." - in "COVID Hypocrisy: Policymakers Breaking Their Own Rules", Heritage Foundation, 24 February 2022.

See the full list at:

https://datavisualizations.heritage.org/public-health/covid-hypocrisy-policymakers-breaking-their-own-rules/

Medical Journals Are Lying For The Pharmaceutical Industry

"On day one of my Presidency, I am going to call all of the heads of the Medical Journals and threaten them with a RICO lawsuit if they don't stop lying to the people." *- Robert F. Kennedy, Jr., Lawyer, Presidential Candidate, in "How I'll End Medical Corruption", Ask Dr. Drew, 13 August 2023.*

Chapter 19

The Last Words

It has been said that the population is more ready to fall victims to the big lie, than the small lie.

And it is clear that the population seems unwilling to accept that the governance would fabricate colossal untruths.

Thus the greater part of the population is always reluctant to believe that Government, the Pharmaceutical Industry and the Medical Trade, could have the impudence to fabricate such lies.

Even though the facts, which prove this, to be so may be brought clearly to the minds of the population, they will still doubt, and waver, and will continue to think that there may be some other explanation.

Thus Private and Political Entities, along with the Medica Trade and the Pharmaceutical Industry, have learned how falsehood can be exploited for profit.

The Theory of Virus it seems its here to stay, since Universities gets they funding, the Pharmaceutical Industry gets their products sold, the Medical Trade gets the honours, the glory and their offices and hospitals full, and the Politicians get their campaign contributions, and the population gets their vaccine.

Thus the question we should ask:

Is this the Future We Want?

Where do we go from here, do we want to live in a lie for ever?

It has to come to pass that; The Civil, the Military, and the Religious Society, must place, due pressure, upon the political establishment to a flourish the urgent need, to bring the Medical Trade to Trial, and to disband the Medical Trade.

To forbid all and any Medical Trade qualified so-called "medical professional", **and replace the entire system, by promoting Emunctology, Hydropathy, Neuropathy, Osteopathy, Chiropractic and others in equal Thought Process in delivering Treatment with the aim of obtaining Health.**

Not more ill health, or further Medical Trade Interventions, but Health, which is that which is the Opposite to the Medical Trade.

Failure to to do so, will herald a Future of Ill Health and Darkness, which continuing in this same path, this will be the future that awaits this present civilization.

Pharmaceuticals As Part of the Human Diet

The body doesn't need Toxic Substances Pharmaceuticals to get better.

This will lead to the Holocaust of Humanity by the Hands of the Medical Trade delivering the Poisonous of the Pharmaceutical Industry.

The Medical Trade, So-Called "Science", is completely driven and aligned by and for financial profit.

To think, that these Multinational Financial Corporations, either disguised, or not, as philanthropic, have the best interests of the world population above their own interests and agendas, it is just ludicrously and pathetic.

If this is the way humankind is going to live then nothing nothing needs to be done.

Only $1 Billion a Year, for the "Bill Gates Pandemic Plan" can save humankind, from Future Fake Pandemics.

Both the Media, Universities, NGO's, UN, and Political Parties which all are recipients of donations from those in the Pharmaceutical and Philanthropic echelons.

Which then by the action of Universities, upon Governments, have this ones to act in a way and manner in which and by which Pharmaceutical Products, and Tests, are a return on the investment result from the actions of the

previous donations from those who have everything to gain and nothing to lose, from these "Pandemics".

Medical Trade So-Called Science does not need to be true, it just needs to be profitable for Genetic Medicine, and it's counterpart the Pharmaceutical Industry, with the RNA and DNA Tests, Vaccines, etc...

"Viruses" and Diseases have to have their causation in DNA and RNA, and other "Genetic" culprits.

It is remarkable how humanity has been able to survive so far without Genetic Medicine and Vaccines.

Dishonest Deceitful and Fraudulent

Everyone should be aware that Virology is the Art of Deceit. The Largest Fraud Committed so far in our present Civilization, was the Covid-19 So-Called "Pandemic"

This well orchestrated deceit, by Bill Gates, Anthony Fauci, WHO, WEF, Chinese Communist Party, Italian Government, Imperial College London, British Government, Canadian Government, New Zealand Government, Australian Government, European Commission, and others, this was based upon the following 3 Pillars of Fraud, which when combined created the biggest Fraud Scam in our present Civilization:

I. Scientific Fraud (Viruses don't exist).

II. Political Fraud (Politicians acted with the view of gaining something).

III. Financial Fraud (The largest financial transfer of assets from the public purse to the benefit of Multinational Corporations).

These 3 pillars of Fraud came together, in the early weeks of 2020, to instigate the implementation of a Plan, which was designed in detail previous to the 1st of January of 2020.

This 4 books on "The Covid-19 UN-Told Story", will help to establish that which is needed to bring justice, in the not too distant future, where circumstances will come together

to act upon that which needs to happen, justice for the injured, and reparations paid to all who where affected by this unprecedented fraud.

Every one should known that Fever is fever, there is no such thing as "Dengue Fever" or "Malaria Fever" or "Yellow Fever", or for matter of fact, any other to be named new found fever.

For fever is fever, period!

It lasts on average 7 days (like clock work), or a week in layman terms.

The other farce is the Vaccine farce, 50% Efficacy, 90% Efficacy, 99% Efficacy.

It either works or not.

Each individual needs to understand that the Medical Trade wants the population to believe that:

> *"Humans and Animals, are affected by different "diseases" that need to be treated only by Medical Trade Pharmaceuticals, and prevented by Medical Trade Vaccines."*

This concept is a lie, is deceitful.

Each individual needs to also understand that contrary to Medical Trade Propaganda that:

> *"Each "disease" is caused by a "germ", each "germ" needs to be treated by Pharmaceutical Medication, and prevented by Pharmaceutical Vaccines."*

Is a Fraudulent concept based of modern So-Called Medical "Science".

The Medical Trade continues destroying lives, by poisoning peoples livers, blood and organs. And by many endless body mutilation done by surgery.

Piss Off It's Just A Flu

"Oh, Bill Gates is a wanker, He wears a wanker's hat,
He pops up on the BBC, To sell the Covid Vax!
And everybody laughs at him when he say, "Get your shot".
He thought that he was clever, Till we told him to piss off,
Oh, Fauci is a wanker, He wears a wanker's hat, He hangs around with Bill Gates now, To sell the Covid Vax.
And everybody laughed when he said, "You must wear a mask"
If he's really a doctor, Then he should be brought to task.
Oh, BoJo (Boris Johnson) is a wanker, He wears a wanker's hat, He gets up in 10 Downing Street, To sell the Covid Vax.
And everybody laughs at him when he said, "Shut pubs down", Cos we just throw a party now, In every single town.
Oh, Tedros is a wanker, He wears a wanker's hat, He takes brown envelopes from the WHO, To sell the Covid Vax.
And everybody laughs at him, In his shorts trying to dance, And when we ask him questions, He pisses his underpants.
Oh, Hancock is a wanker, He wears a wanker's hat, He kisses all their arses now, To sell the Covid Vax.
And everybody laughs when he said, "Bring the army in", Cos this is one war we the people, Definitely will win.
They're all a bunch of wankers, They all wear wanker's hats, They all pop up on TV now, To sell the Covid Vax.
So everybody laugh when they say, What we all must do, Just turn around and say to them, "Piss Off It's Just A Flu." - Charlie Cheswick, UK Artist, November 2020.

> ***"Sometimes you've just gotta say it as it is, so that's what I've done with this song, I've just said it as it is.*** *They're all a bunch of wanker's!" - Charlie Cheswick, UK Artist, 19 November 2020.*

Greatly Expanded Government - 1974

"Part of that plan is to induce the gradual surrender of American sovereignty, piece by piece, and step by step, to various International Organizations of which the United Nations (UN) is the outstanding, but far from the only example.

Here are the aims for the United States:

1. Greatly expanded government spending, for every conceivable means of getting rid of ever larger sums of American money, as wastefully as possible.
2. Hire and then, much higher taxes.
3. An increasingly unbalanced budget, despite the higher taxes.
4. Wild inflation of our currency.
5. Government controls of prices, wages and materials, supposedly to combat inflation.
6. Greatly increased socialistic controls over every operation of our economy, and every activity of our daily lives. This is to be accompanied naturally and automatically, by a correspondingly huge increase in the size of our bureaucracy, and in both the cost and reach, of our domestic government.
7. For more centralization of power in Washington, and the practical elimination of our state lines. There is a many-faceted drive at work to have our state lines eventually mean no more within the nation, than our county lines do now within the state's.
8. They steady advance of federal aid to, and control over, our educational system leading to complete Federalization of our public education.
9. A constant hammering, into the American consciousness of the horror of modern warfare. The beauties and the absolute necessity of peace, peace always on communists terms of course.

10. The consequence willingness of the American people to allow the steps of appeasement by our government which amount to a piecemeal surrender of the rest of the free world, and of the United States itself.

So blush the insiders dust out of your eyes, and the Communists soapsuds out of your brain.

And ask yourselves in all honesty what on earth is wrong with the United States simply minding its own business.

Or with having its foreign policy function primarily for the safety and benefit of the American people.

Which is exactly what we had done for the first 140 years of our existence as a nation, to the incredible advantage of ourselves, and everybody else.

Everybody that is, except a numerically small clique of power lusting conspirators, who had somehow inflicted themselves on a gullible world.

While we turn to a very brief summarization of what we hope, will help and even sometimes lead the American people to accomplish during the next years.

1. Our first and most important specific undertaking should be to restore the complete independence of the United States. This includes our resolution to get us out of the United Nations (UN), and get the United Nations (UN) out of the United States.

2. We must once again make our money, freely redeemable in gold at some realistic price. And we must take all practicable legislative steps to prevent a recurrence of the enormous thievery, and other subversive crimes that have been perpetrated on the American people through a contrived inflation by every president since Franklin Roosevelt.

3. We should reduce the number of government bureaus, of government civilian employees, and the whole quantity of government by at least 50%, and we should achieve at least this much reduction in proper fashion through

gradually convincing a majority of the American people of the wisdom of such a course.

4. We should withdraw all American troops from every spot on earth, that is not American soil, except when and where such troops may be required as decided by Congress to protect American lives and property from criminal vandalism.

5. We should get government out of the areas, and functions and activities where government does not belong. Again all steps to this end should be taken gradually, but nevertheless just as rapidly as enough of the American people can be persuaded to support such progress. And if such achievement will require a truly massive educational force, but that's exactly what we hope to build.

Your speaker, knows what a job we have before us, to rid our country of the scourge of communism.

We should already be entering an era of far less government, of a much sounder sense of responsibility and with God's help of a Better World.

I sincerely believe that it can be done, and this much I know, if every man and woman, feeling in his, and her own mind, and heart that it can, and must be done, then it surely will be." - Robert W. Welch Jr., in "John Birch Society", 9 March 1974.

JP Morgan Healthcare Conference: Financial Experts Advising Medical Trade Doctors

"The 41st Annual Healthcare Conference will take place on 9-12 January 2023, San Francisco, CA.

This premier conference is the largest and most informative health care investment symposium in the industry which connects global industry leaders, emerging fast-growth companies, innovative technology creators and members of the investment community.

Keynote Speaker: **Dr. Robert M. Califf Commissioner of Food and Drugs, U.S. Food and Drug Administration (FDA).**

The Conference is the industry's biggest gathering, bringing together more than 8,000 investors, industry professionals, senior government officials and 550 global health care companies — ranging from Fortune 100 corporations to small-cap and emerging private companies — to discuss the latest market trends and medical innovations." - in "**J.P. Morgan Healthcare Conference: Deals and Medical Moonshots, Highlights from the 41st annual J.P. Morgan Healthcare Conference, the industry's biggest gathering."**, 10 February 2023.

Crimes Against Humanity - 2014

"We have to help ourselves.

Nobody is going to help us. No institute, no government, because we are under the government.

And these are Government Crimes, Crimes against Humanity.

And it is on the very highest level in every single country.

You can go up to the prime minister or the president, and they are behind False Flag Operations.

So what can we do?

First of all it's awareness, awareness, awareness.

Talk about it to anybody.

And people who are not victims they will not listen, and they don't want to listen because they are afraid.

Because if they listen they know they may become victims. So they just deny everything.

But we have to.

Because one thing that helps us.

We know there is no death, we have an energy body.

And it does keep us going and if it doesn't keep you going, it keeps me going because you know you cannot die.

And that's why I Am Not Afraid." - Dr Rauni-Leena Tellervo Luukanen-Kilde, MD, Former Chief Medical Officer for Lapland, Iceland, in "Covert Harassment Conference 2014, panel discussion", 28 November 2014.

Their Business Plan Poses An Existential Threat To Humanity

"The obliteration has been so systematic and complete that it seems obvious to them that it is planned.

In their view, **a group of secretive aristocrats, led by George Soros** and the late **David Rockefeller, manipulate shadowy institutions like the Federal Reserve and the Council on Foreign Relations in order to shift wealth and power to billionaire elites, with the ultimate aim of achieving**

"World Government."

George Soros, manages vast investments in oil and gas with annual profits.

The real power behind the curtain is a conglomeration of corporations, Coal, Oil, Chemical, Steel, and Pharmaceutical – recently joined by Telecom, Big Tech / Big Data — all bound, in a web of corruption, to our Global Military-Intelligence Apparatus.

It is this collaboration of modern Robber Barons that is making war on democracy, civil rights, and the lower classes, while driving our country down the road to plutocracy.

For decades, the Rockefeller family owned some 80% of the US Pharmaceutical Industry.

Today, the Rockefeller Empire — in tandem with JP Morgan Chase — continues to own 50% the Pharmaceutical Industry in the US.

John D. Rockefeller's grandson, David, with his ties to the Oil and Pharmaceutical Industries and international banking. A nation's political structure tends to reflect its economic organization.

When major industries are owned and controlled by a small group of wealthy individuals, the nation itself becomes economically stratified and tyrannical.

Coal and Oil are Authoritarian Industries.

Large multinationals, frequently allied with local oligarchs, invariably and systematically find ways to steal and monopolize these resources.

Two forces drive democracy: money and political intensity. The Deep State has money but **its mission — to further enrich and empower the wealthiest.**

They all work together in lockstep, coordinated by their Capitol Hill trade associations, lobbying firms, captive agencies, and paid-off politicians to increase authoritarian control, to transform all of us into mindless consumers, to shift middle class wealth to billionaire plutocrats, and to liquidate our "purple mountain majesties" and our entire planet.

They enrich themselves by impoverishing the rest of us.

They capture regulators, seduce reporters, corrupt science, and pay off lawmakers to subvert democracy.

They employ state-of-the-art propaganda, psychological warfare.

Big Oil, King Coal, and Big Pharma are all titans of the Deep State cartel of deception and authoritarian control.

In its most audaciously ruthless betrayal, this cartel has engineered a suicide pact for humanity and our planet.

They have brought us to the eve of Armageddon.

Their business plan poses an existential threat to humanity. They have declared war on democracy and personal freedom.

They are the Four Horsemen — the apocalyptic forces of ignorance and greed, pestilence and fear." - Robert F. Kennedy, Lawyer, and U.S. Presidential Candidate, in "Climate in Crisis", 2020.

> *"The New York Times is a leading Shill for Rockefeller Foundation, WEF, Big Pharma and purveyor of corporatocracy Bull Shit which has leaned heavily on funded propaganda as they subvert democracy. They are a sinister danger to all our freedoms and principles." - Ivor Cummins, Biochemical Engineer, has reshaped the discussions around the important risk factors that result in coronary artery disease and cancers (University of Houston-Clear Lake), in "Twitter", 7 July 2023.*

You Have To Force Behaviours

"Behaviours are going to have to change, and this is one thing we're going to, we're asking companies.
You have to force behaviours and at BlackRock we are forcing behaviours, 54% of the incoming class are women.
We added 4 more points, in terms of diverse employment this year, and what we're doing internally is if you don't achieve these levels of impact your compensation could be impacted, okay!
So you have to force behaviours, and if you don't force behaviours whether
it's gender, or race or just any way you want to say the composition of your team you're going to be impacted.
And that's not just not recruiting, it is development, and ultimately it's still going to take time, but I am much shocked that we have not seen more opportunities, and we're going to have to force change!" - Larry Fink, BlackRock, CEO, in "DealBook 2017: The Economy, Consumers and Redefining the Long Term", New York Times, 9 November 2017.

The Foundations of Stakeholder Capitalism

"Each year I make it a priority to write to you on behalf of BlackRock's clients, who are shareholders in your company.

For the past decade, I have written to you, as CEOs and Chairs of the companies our clients are invested in.

I write these letters as a fiduciary for our clients who entrust us to manage their assets – to highlight the themes that I believe are vital to driving durable long-term returns and to helping them reach their goals.

When my partners and I founded BlackRock as a startup 34 years ago, **I had no experience running a company.**

Over the past 3 decades, I've had the opportunity to talk with countless CEOs and to learn what distinguishes truly great companies.

Time and again, **what they all share is that they have a clear sense of purpose**; consistent values; and, crucially, they recognize the importance of engaging with and delivering for their key stakeholders.

This is the foundation of stakeholder capitalism.

Stakeholder capitalism is not about politics.

It is not a social or ideological agenda.

It is not "woke."

It is capitalism, driven by mutually beneficial relationships.

The pandemic has turbocharged an evolution in the operating environment for virtually every company." - in "LARRY FINK'S 2022 LETTER TO CEOS: The Power of Capitalism", BlackRock, 2022.

George Soros

"Steve Kroft - Of all the financial titans and philanthropists of the 20th century, none are more complex or mysterious than George Soros, like Carnegie, JP Morgan and the Rockefellers, he amassed billions through ruthless business decisions, only to turn around and give away most of his fortune to advance his own personal philosophy.

He can move world financial markets simply by voicing an opinion or destabilize a government by buying and selling its currency.

But now George Soros is worried.

He thinks the global economy is coming apart at the seams and that the world needs to be protected from people like George Soros.

George Soros - We may now think that everything is fine, but the fact is that **the system is broke and it needs fixing.**

Steve Kroft - Right now, his Quantum group, hedge fund moves $14 Billion of Rich investors' money around the world every day, looking for profits and answering to no one.

Steve Kroft - When the Nazis occupied Budapest in 1944, George Soros's father was a successful lawyer, but knowing there were problems ahead for the Jews, he decided to split his family up.

He bought them forged papers and he bribed the government official to take 14-year-old George Soros in and swear that he was his Christian Godson.

While hundreds of thousands of Hungarian Jews were being shipped off to the death camps, George Soros accompanied his phony Godfather on his appointed rounds, confiscating property from the Jews.

These were pictures from 1944 of what happened to George Soros's friends and neighbours.

You are a Hungarian Jew, who escaped the Holocaust by posing as a Christian.

George Soros - I was 14 years old, and I would say that that's when my character was made.

Steve Kroft - In what way?

George Soros - One should think ahead, one should understand, and anticipate events, and one is threatened, it was a tremendous threat of evil, I mean it was a very personal experience of evil.

Steve Kroft - My understanding is that you went out with this protector of yours, who swore that you were his adopted godson, went out in fact and helped in the confiscation of property from the Jews.

George Soros - That's right!

Steve Kroft - That sounds like an experience that would send lots of people to the psychiatric couch for many years, was it difficult?

George Soros - Not at all, not at all, maybe as a child you don't see the connection, but it created no problem at all.

Steve Kroft - No feeling of guilt?

George Soros - No.

Steve Kroft - For example, that I'm Jewish and here I am watching these people go, I could just as easily be there, I should be there none of that?

George Soros - Well, of course, I could be on the other side, or I could be the one from whom the thing is being taken away, but there was no sense that I shouldn't be there, because that was, well actually funny way it's just like in markets that if I weren't there, because I wasn't doing it but somebody else would be taking it away anyhow.

Just whether I was there or not, I was only a spectator the property was being taken away, so I had no role in taking away that property, so I had no sense of guilt.

Steve Kroft - Are you religious?
George Soros – No.

Steve Kroft - Do you believe in God?
George Soros – No." - in "George Soros", 60 Minutes, 1998.

In Conclusion

"The good, old Dr Berkenhout, writing about rabies in 1783, told us that he knew not of any human attempt which had a better resemblance to the Knight of La Mancha's attack on a Windmill than that of combating popular errors and reasoning against popularly received opinions.

I have been at times disposed to accept this view, and have felt inclined to let popular fashion expend itself.

When I first criticised the method of Pasteur, what I said was received with incredulity and positive disfavour; but as time went on, and many of my predictions were verified, the incredulity gave place to greater tolerance in regard to opinions expressed against the system.

There was a complete change of front.

The infallibility of the method was abandoned and its apologists adopted another tone.

"Pasteurs system: was not perfect", they said. "No system of therapeutics was perfect", Pasteur would be an angel, and not a man, if he could, at one coup, bring rabies into subjection."

"Give him time," said another. Yet another apologist appealed to the law of averages, and said, "Pasteur has reduced the mortality from 5% to 1%".

To M. Peter the world owes the first exposure of the dangers of the intensive method.

It required great courage on the part of Dr. Peter, Dr. Lutaud, and others in France, and Dr. B. W. Richardson in England, to oppose the fashion.

Had they not been actuated by a pure love of science they would have been silenced.

It is, however, not unsafe to prophesy that the intolerance of the new school in France, as shown in its treatment of Professor Peter, will bring about its own downfall.

Have we any treatment, then, that is satisfactory, based on these discoveries.

The only answer to this question must be an emphatic; No!

The clinical observer has been very patient, knowing that he could afford to wait.

Professor Peter, one of the greatest of contemporary clinical observers, and the worthy successor of Trousseau, has endeavoured to save medicine from the reign of terror formed by the coterio which, in the name of science, anathematised all who ventured to doubt their theories.

''You are unscientific", said the coterie; "You do not believe in our methods of modern research, and you cannot have a hearing."

This kind of language has silenced many, because, when there is a fashion, men foolishly imagine that they will be looked on as progressive if they go with the tide.

Martyrdom is not so eagerly sought after, and social ostracism is the penalty, too often, for appearing in a minority, as did M. Peter at the Academy.

Clinical observers may, however, take heart; there are signs that the cloud will lift, and that medicine will yet be emancipated from the trammels of what has been so well called " Vaccinomania." - Dr Thomas M. Dolan, MD, in "Contemporary Review", July 1890.

I Protected myself by not having the Vaccine.
And I protected others,
by telling them, not to have the Vaccine.
I did my duty!

Index

A

Abdomen 138, 340

Abdominal 92, 237, 239, 257, 258, 260, 341, 353, 384, 399, 400, 488, 605

Abnormal 24, 78, 94, 218, 251, 397, 399, 406, 435, 436, 443, 502, 636, 640

Adjuvance 388

Adjuvant 312, 375

Adjuvants 8, 78, 312, 371, 372, 374, 375, 393

Alkaline 219

Alkalis 219, 310

Allergens 138

Allergic 137, 348, 401, 441

Allergies 8, 17, 308

Allergy 46, 99, 428, 609, 618, 657, 689, 690

Aluminum 269, 312, 349, 371, 372, 375, 377, 378, 393, 438, 439

Aluminum-induced 393

Alzheimer's 438, 461

Alzheimer’s 394

Anthrax 81, 84, 337, 427-429, 485, 489, 496, 508, 514

Antibiotics 16, 17, 19-22, 132, 133, 214, 298, 444, 448, 450

Anti-vaccination 83, 373

Anti-vaxxers 657

Arsenic 210, 251, 277, 332

Arsenical 277

Aspirin 137, 138, 593

Aspirin-induced 137, 138

Aspirin-intolerant 137

Aspirin-sensitive 137

Asthma 17, 137, 138, 148, 348, 349, 386, 394

Asthmas 505

Asthmatic 138

Asthmatics 168

Autism 348, 350, 381, 385, 386, 391, 393-397, 399-401, 404-407, 409

Autism-like 394

Autistic 351, 396, 402, 405, 407-409

Auto-Intoxication 333

B

Babies 69, 75, 76, 197, 226, 361, 381

Baby 72, 74, 226, 361, 391, 401, 447, 516, 581

Bicarbonate 402-404

Bicarbonates 402
Blackrock 575, 736, 737
BlackRock's 737
Blood-poisoning 511
C
Chikungunya 693
Child 74, 121, 123, 226, 235, 238, 285, 304, 350, 351, 367, 379, 380, 385, 386, 397, 399-401, 403, 405, 409, 441, 447, 458, 510, 515, 562, 566, 570, 584, 739
Child's 70, 238
Childbearing 447
Childbirth 5
Childhood 40, 64, 72, 74, 76, 86, 303, 397, 401, 476, 550, 591
Children 3, 4, 9, 15, 17, 37, 39, 57, 69-73, 75-78, 80, 86, 109, 115, 124, 137, 150, 151, 179, 238, 243, 247, 268, 270, 272, 283, 288, 295, 299, 303, 305, 308, 348-350, 356, 360, 367, 368, 382, 387, 391-394, 396-402, 404-406, 409, 441, 458, 481, 524, 531, 535, 544, 556, 557, 563, 564, 570, 590, 593, 607, 616, 647, 649, 657, 658, 701
Children's 87, 179, 211, 233, 309, 505, 557
Childrens 581
Children's 392
Child's 3, 227, 570, 572
Cytotoxic 303, 445
Cytotoxicity 170, 452
Cytotoxics 20
D
Detoxification 405, 408
Detoxified 14
Diarrhea 128, 227, 257, 258, 270, 350, 382, 383, 396, 397, 444
Diarrhoea 260, 496
Drug-Aggravated 449
Drug-induced 19, 20, 132-134, 437, 443-447, 449-452, 454
Drugs-Neurotoxicity 437
E
Eczema 348, 481
Edinburgh 11, 707, 709, 710
Edinburgh's 707
F
Fake 4, 28, 150, 271, 667, 725
Fallacies 489, 499
Fallacious 528
Fallacy 482, 498, 502, 709
False 30, 69, 178, 194, 254, 343, 470,

502, 509, 510, 534, 701, 733

Falsehood 724

Falsely 80

Falsified 490, 491

Falsifying 186

Fatal 4, 24, 72, 78, 91, 92, 100, 134, 177, 255, 258, 268, 288, 310, 322, 330, 346, 496, 497, 516

Fatalities 78, 169

Fatality 492

Fraud 1, 27, 29, 30, 180, 186, 205, 224, 317, 394, 469, 474, 503, 726, 727

Frauds 29, 328

Fraudster 328

Fraudulent 29, 30, 198, 224, 727

Fraudulently 198

G

Gate 112

Gates 36-38, 48, 49, 109-113, 118-126, 156, 157, 183-185, 189, 283, 284, 295, 305, 311, 312, 315, 316, 388, 411, 417, 418, 550-558, 560, 561, 566-569, 571-573, 575-577, 585, 588-594, 599, 602, 603, 606-610, 614-616, 618, 659, 666, 693, 706, 709, 725, 726, 728

Gavi 50, 109, 120, 122, 316, 560, 570, 591, 599, 708

Guillain-Barre 77, 359

H

Headache 92, 128, 136, 199, 243, 257, 261, 270, 340, 344, 383, 461

Headaches 91, 128, 168, 275, 308, 344, 438

Hemorrhage 92, 93, 445

Hemorrhages 258, 319

Hemorrhagic 81, 448, 556

HIV 160, 161, 177, 178, 182, 184-195, 197, 201, 203-207, 300, 301, 307, 418, 452, 536, 550, 552, 578, 607, 608, 618, 677, 713

HIV-AIDS 161, 206

HIV-associated 301

Hoax 205

I

Infant 57, 70, 72, 74, 77-79, 231, 249, 301, 395, 409, 458, 462

Infant's 458

Infantile 80, 245, 249, 266, 271, 303, 458

Infants 58, 60, 61, 70, 75, 77, 78, 272, 279, 379, 382

J

Jaundice 446, 548

K

Koch 206, 220, 479, 482, 483, 499, 511, 519, 537, 538,

573, 575

Koch's 158, 159, 332, 479, 483, 512, 518, 526

Koch's 24, 496, 498, 512

L

Lupus 134, 307, 354, 449, 461

Lupus-like 354

M

MHRA 626, 628, 632, 634, 640, 657

P

Pathogen 7, 652, 665, 667, 680, 681, 693

Pathogenesis 147, 445

Pathogenetic 485, 533, 541

Pathogenic 10, 24, 78, 147, 149, 158, 186, 282, 301, 321, 485, 499, 506, 522, 528, 530, 534, 538, 681, 715

Pathogenicity 207

Pathogens 14, 81-83, 149, 536, 573, 652, 679, 688, 704, 714, 716, 721

Placebo 97, 180, 358, 364, 366-371, 375-378, 462, 634

Placebo-controlled 356, 357, 360, 365, 367

R

Rockefeller 36, 221-223, 247, 276, 324, 541, 550, 557, 561, 594, 734, 735

Rockefeller's 550

Rockefellers 550, 551, 738

Rockefeller's 734

S

Swine-flu 581

Swiss 205, 255, 266, 691

Switzerland 104, 105, 263, 265, 563, 590, 691, 693

Swollen 74, 165, 170, 228, 235, 237, 239, 243, 353

T

Tyrannical 734

Tyranny 7, 238

V

Vaccine-associated 77, 97

Vaccine-based 36

Vaccine-caused 338

Vaccine-derived 283

Vaccine-induced 92, 96

Vaccine-injured 339

Vaccine-myocarditis 339

Vaccine-related 40, 78, 79, 99

www.yourpath.info

www.volksmed.org

Anhang 4

Risikoanalyse Bevölkerungsschutz Bund

Pandemie durch Virus „*Modi-SARS*“

Stand: 10.12.2012

Eintrittswahrscheinlichkeit:

Klasse C: **bedingt wahrscheinlich**
ein Ereignis, das statistisch in der Regel einmal in einem Zeitraum von 100 bis 1.000 Jahren eintritt

Schadensausmaß:

Schutzgut	Schadensparameter		Schadensausmaß				
			A	B	C	D	E
MENSCH	M_1	Tote	■	■	■	■	■
	M_2	Verletzte, Erkrankte	■	■	■	■	■
	M_3	Hilfebedürftige	■	■	■	■	■
	M_4	Vermisste	■	■			
UMWELT	U_1	Schädigung geschützter Gebiete					
	U_2	Schädigung von Oberflächengewässern/Grundwasser					
	U_3	Schädigung von Waldflächen					
	U_4	Schädigung landwirtschaftlicher Nutzfläche					
	U_5	Schädigung von Nutztieren	■				
VOLKS-WIRTSCHAFT	V_1	Auswirkungen auf die öffentliche Hand	■	■	■	■	■
	V_2	Auswirkungen auf die private Wirtschaft	■	■	■	■	■
	V_3	Auswirkungen auf die privaten Haushalte	■	■	■	■	■
IMMATERIELL	I_1	Auswirkungen auf die öffentliche Sicherheit und Ordnung	■	■	■	■	
	I_2	Politische Auswirkungen	■	■	■	■	■
	I_3	Psychologische Auswirkungen	■	■	■	■	■
	I_4	Schädigung von Kulturgut					

SZENARIO

1. Definition der Gefahr/Ereignisart

Eine Pandemie ist eine weltweite Ausbreitung eines Krankheitsgeschehens.

Außergewöhnliches Seuchengeschehen kann natürliche Ursachen haben, z. B.:

- Wiederauftreten bekannter Krankheitserreger (Masern, Typhus)
- importierte Fälle von Erkrankungen mit seltenen hochkontagiösen und/oder hochpathogenen Erregern (Ebola, Lassa-Fieber)
- Pandemien mit Variationen von bekannten Erregern (Influenza-Pandemie)
- Auftreten neuartiger Krankheitserreger (Schweres Akutes Respiratorisches Syndrom, SARS)

In Ausnahmefällen kann Seuchengeschehen aber auch auf akzidentelle oder intentionale Freisetzung zurückgehen, z. B.:

- akzidentelle Freisetzung beispielsweise durch einen Laborunfall (wie bei einzelnen Fällen nach der SARS-Pandemie oder die H1N1-Influenza 1977, die sogenannte „Russische Grippe“, die vermutlich Folge einer Laborfreisetzung war (Scholtissek et al., 1978; Zimmer and Burke, 2009))
- intentionale Freisetzung im Bereich der Lebensmittelerpressung oder auch mit bioterroristischem Hintergrund (bekanntestes Beispiel sind hier die „Anthrax-Briefe“ in den USA 2001).

Das vorliegende Szenario beschreibt ein außergewöhnliches Seuchengeschehen, das auf der Verbreitung eines neuartigen Erregers basiert. Dem Szenario ist der zwar hypothetische Erreger **„*Modi-SARS*“** zu Grunde gelegt, dessen Eigenschaften im Informationsblatt (siehe Anhang) beschrieben sind und der sehr eng an das SARS-Virus angelehnt ist. Die Vergangenheit hat gezeigt, dass Erreger mit neuartigen Eigenschaften, die ein schwerwiegendes Seuchenereignis auslösen, plötzlich auftreten können. (z. B. SARS-Coronavirus [CoV], H5N1-Influenzavirus, Chikungunya-Virus, HIV). Ein aktuelles Beispiel für einen neu auftretenden Erreger ist ein Coronavirus („novel Coronavirus“), welches nicht eng mit SARS-CoV verwandt ist. Dieses Virus wurde seit Sommer 2012 bei sechs Patienten nachgewiesen, von denen zwei verstorben sind. Ein Patient wurde in Deutschland behandelt und konnte als geheilt entlassen werden. Im Unterschied zu SARS-CoV scheint dieses Virus aber nicht oder nur sehr schlecht von Mensch zu Mensch übertragbar zu sein, so dass in der aktuellen Risikoeinschätzung davon ausgegangen wird, dass das Risiko einer Erkrankung in Folge einer Übertragung von Mensch zu Mensch gering ist (Stand 26. November 2012). SARS-CoV und HIV waren für die menschliche Population „neue“, bis dahin

unbekannte Viren mit einer hohen Letalität, die für HIV erst nach Jahren und extrem kostenaufwändiger Forschung gesenkt werden konnte. Dagegen waren Chikungunya-Viren und H5N1-Viren schon bekannt; durch Mutationen veränderte Eigenschaften führten bei diesen Viren allerdings zur besseren Übertragbarkeit auf den Menschen. SARS-CoV und H5N1 werden über die Atemwege übertragen, Chikungunya wird durch einen Vektor (Mücken) übertragen. Damit sind diese Erkrankungen schwerer zu kontrollieren als HIV, das durch Geschlechtsverkehr oder über Kontakt mit HIV-positivem Blut übertragen wird. Während die HIV-Kontrolle in Deutschland und anderen Ländern in Westeuropa oder Nordamerika relativ gelungen ist, ist dies in vielen anderen Ländern mit weniger guter Infrastruktur im Gesundheitsbereich nicht der Fall – ein Indiz dafür, wie essentiell Kontrollmaßnahmen in der Ausbreitungsbegrenzung sind.

2. Beschreibung des Ereignisses

Das hypothetische *Modi-SARS*-Virus ist mit dem natürlichen SARS-CoV in fast allen Eigenschaften identisch. Die Inkubationszeit, also die Zeit von der Übertragung des Virus auf einen Menschen bis zu den ersten Symptomen der Erkrankung, beträgt meist drei bis fünf Tage, kann sich aber in einem Zeitraum von zwei bis 14 Tagen bewegen. Fast alle Infizierten erkranken auch. Die Symptome sind Fieber und trockener Husten, die Mehrzahl der Patienten hat Atemnot, in Röntgenaufnahmen sichtbare Veränderungen in der Lunge, Schüttelfrost, Übelkeit und Muskelschmerzen. Ebenfalls auftreten können Durchfall, Kopfschmerzen, Exanthem (Ausschlag), Schwindelgefühl, Krämpfe und Appetitlosigkeit. Die Letalität[1] ist mit 10% der Erkrankten hoch, jedoch in verschiedenen Altersgruppen unterschiedlich stark ausgeprägt. Kinder und Jugendliche haben in der Regel leichtere Krankheitsverläufe mit Letalität von rund 1%, während die Letalität bei über 65-Jährigen bei 50% liegt. Die Dauer der Erkrankung unterscheidet sich ebenfalls in Abhängigkeit vom Alter der Patienten; jüngere Patienten haben die Infektion oft schon nach einer Woche überwunden, während schwerer erkrankte, ältere Patienten rund drei Wochen im Krankenhaus versorgt werden müssen, auch Behandlungsbedarf von bis zu 60 Tagen wurde für das SARS-CoV beschrieben. Dieser altersabhängige Verlauf der Infektion mit SARS-CoV wurde für *Modi-SARS* nicht angenommen. Für das Modellieren der Zahlen an Erkrankten und Betroffenen im Szenario gehen wir davon aus, dass alle Altersgruppen gleich betroffen sind. Weitere Parameter, die den Verlauf modifizieren können, wie menschliche Kontakte und Mobilität in Ballungsräumen oder soziale Netzwerke wurden ebenfalls nicht berücksichtigt. Die Übertragung erfolgt hauptsächlich über Tröpfcheninfektion, da das Virus aber auf unbelebten Oberflächen einige Tage infektiös bleiben kann, ist auch eine Schmierinfektionen möglich. Mit Auftreten der ersten Symptome sind die infizierten Personen ansteckend. Dies ist der **einzige Unterschied** in der Übertragbarkeit zwischen dem hypothetischen *Modi-SARS* und dem SARS-

[1] Letalität beschreibt den Anteil der Erkrankten, die als Folge der Infektion versterben.

CoV – der natürlich vorkommende Erreger kann erst von Mensch zu Mensch übertragen werden, wenn eine Person bereits deutliche Krankheitssymptome zeigt. Zur Behandlung stehen keine Medikamente zur Verfügung, so dass nur symptomatisch behandelt werden kann. Ein Impfstoff steht ebenfalls für die ersten drei Jahre nicht zur Verfügung. Neben Einhaltung von Hygienemaßnahmen können Schutzmaßnahmen in dem Sinne also ausschließlich durch Absonderung Erkrankter bzw. Ansteckungsverdächtiger, sowie den Einsatz von Schutzausrüstung wie Schutzmasken, Schutzbrillen und Handschuhen getroffen werden. Absonderung, Isolierung und Quarantäne sind aber nur von begrenzter Wirksamkeit, da schon bei Beginn der Symptomatik eine sehr ausgeprägte Infektiosität besteht (Fraser et al., 2004)

Die Infektionskrankheit breitet sich sporadisch und in Clustern aus. Eine Übertragung findet insbesondere über Haushaltskontakte und im Krankenhausumfeld, aber auch in öffentlichen Transportmitteln, am Arbeitsplatz und in der Freizeit statt.

Für das *Modi-SARS*-Szenario wird nur eine mutationsbedingte Änderung in der Übertragbarkeit des Virus angenommen; weitere mögliche Varianten, auch mit multifaktorieller Ausprägung wären denkbar (Reichenbach, 2008)[2], sind allerdings in diesem Szenario nicht berücksichtigt.

2.1 Auftretensort/Räumliche Ausdehnung

Wo passiert das Ereignis?/Welches Gebiet ist durch das Ereignis betroffen?

Das Ereignis tritt global auf (hauptsächlich Asien, Nordamerika, Europa).

Die Ausbreitung in Deutschland erfolgt über eine Messestadt in Norddeutschland und eine Universitätsstadt in Süddeutschland (→ siehe 2.4 Dauer und Verlauf). In der Initialphase des Geschehens werden insgesamt zehn Fälle nach Deutschland eingetragen. Hierbei sind zwei Fälle von besonderer Bedeutung, da sie Schlüsselpositionen für die Verbreitung einnehmen (s. 2.3 Auslösende Ereignisse). Die anderen Fälle betreffen Reisende, die zur Verbreitung beitragen.

Die Verbreitung erfolgt flächendeckend über Deutschland, analog zur Bevölkerungsdichte. Diese Annahme reflektiert ein theoretisches, vereinfachtes Modell, bei einem natürlichen „echten“ Ausbruchsgeschehen wäre mit geografischen Unterschieden zu rechnen, deren Komplexität hier nicht abgebildet werden kann.

[2] Die Wahl eines SARS-ähnlichen Virus begründet sich auch damit, dass die natürliche Variante 2003 sehr unterschiedliche Gesundheitssysteme schnell an seine Grenzen gebracht hat. Auch das hier zitierte Grünbuch hat ein ähnliches Gedankenexperiment mit einem mutierten SARS-Virus durchgespielt. Das vorliegende *Modi-SARS*-Szenario unterscheidet sich in seinen Eigenschaften und den daraus abgeleiteten Annahmen für das Schadensausmaß.

Eine Karte der räumlichen Verteilung der Anzahl der Erkrankten zum Höhepunkt der ersten Infektionswelle ist dem Szenario als Anhang beigefügt.

2.2 Zeitpunkt

Wann passiert das Ereignis? (Jahreszeit/ggf. Tageszeit)
Das Ereignis beginnt im Februar in Asien, wird dort allerdings erst einige Wochen später in seiner Dimension/Bedeutung erkannt. Im April tritt der erste identifizierte *Modi-SARS*-Fall in Deutschland auf. Dieser Zeitpunkt bildet den Ausgangspunkt des vorliegenden Szenarios.

2.3 Auslösende Ereignisse

Welche Geschehnisse führen zu diesem Ereignis?/Wodurch wird das Ereignis ausgelöst?
Der Erreger stammt aus Südostasien, wo der bei Wildtieren vorkommende Erreger über Märkte auf den Menschen übertragen wurde. Da die Tiere selbst nicht erkranken, war nicht erkennbar, dass eine Infektionsgefahr bestand. Durch diese zoonotische Übertragung in Gang gesetzte Infektketten konnten nur retrospektiv nachvollzogen werden; dies gelang nicht in allen Fällen. Heimische Haus- und Nutztiere sind durch *Modi-SARS* nicht infizierbar und tragen daher nicht zur Verbreitung oder Aufrechterhaltung der Infektionskette bei.

Zwei der ersten Fälle, die nach Deutschland eingeschleppt werden, betreffen Personen, die sich im selben südostasiatischen Land angesteckt haben. Eine der Personen fliegt noch am selben Abend nach Deutschland, um bei einer Messe in einer norddeutschen Großstadt einen Stand zu betreuen, die andere Person fliegt einen Tag später nach Deutschland zurück, um nach einem Auslandssemester in China ihr Studium in einer süddeutschen Universitätsstadt wieder aufzunehmen. Diese beiden Personen sind in Deutschland zwei der Indexpatienten, durch die die Infektion weiter verbreitet wird.[3] Sie sind von besonderem Interesse, weil beide Personen mit außerordentlich vielen Menschen in Kontakt kommen und so stark zur initialen Verbreitung beitragen. Es gibt weitere Fälle, die nach Deutschland importiert werden, so dass man von insgesamt zehn infizierten Personen ausgeht, auf die die erste Infektionswelle zurückzuführen ist.

[3] Der Verlauf der SARS-Epidemie 2003 hat gezeigt, dass extrem wenige Fälle ausreichen können, um ein globales Infektionsgeschehen auszulösen. So wurde ein Arzt, der in einem Hotel in Hongkong übernachtet hat, als primärer Indexpatient für vier Cluster von SARS-Fällen und zwei Fälle, von denen keine weiteren Infektionen ausgingen, identifiziert (WHO, 2003). Von diesem Indexpatienten ist bekannt, dass er mindestens 13 weitere Personen (Gäste des Hotels und Besucher) infiziert hat. Diese Infizierten verbreiteten SARS innerhalb kürzester Zeit in 27 Ländern – so wurden zwischen Februar und Juni 2003 in Toronto 225 Menschen infiziert, deren Infektionen sich auf einen einzigen Hotelgast zurückführen ließen. Das Toronto Health Department zählte über 2000 Verdachtsfälle und über 23.000 Personen wurden in Quarantäne genommen (s. Referenzereignisse).

2.4 Dauer und Verlauf

Wie lange dauern das Ereignis und/oder seine direkten Auswirkungen an?
Es ist so lange mit Neuerkrankungen zu rechnen, bis ein Impfstoff verfügbar ist. Für das vorliegende Szenario wird ein Gesamtzeitraum von drei Jahren zugrunde gelegt mit der Annahme, dass nach dieser Zeit ein Impfstoff entwickelt, freigegeben und in ausreichender Menge verfügbar ist. Der Erreger verändert sich im Verlauf der drei Jahre durch Mutationen so, dass auch Personen, die eine Infektion bereits durchlebt haben, wieder anfällig für eine Infektion werden. Hierdurch kommt es insgesamt zu drei Erkrankungswellen unterschiedlicher Intensität.

Welcher Zeitraum nach Beginn/Eintritt des Ereignisses ist bei der Bestimmung des Schadensausmaßes zu berücksichtigen?
Das Schadensausmaß wird als Summe für den gesamten Zeitraum von drei Jahren ermittelt.

Wie verläuft das Ereignis?
Ausgehend von den zuerst auftretenden Fällen in Nord- und Süddeutschland breitet sich die Pandemie in Wellen mit ansteigenden Zahlen aus. Grundsätzlich ist vor allem in Ballungsräumen aufgrund der hohen Bevölkerungsdichte und der Bewegungsmuster (hohe Mobilität, Nutzung von Massenverkehrsmitteln usw.) mit entsprechend höheren Erkrankungszahlen zu rechnen.

Es wird angenommen, dass jeder Infizierte im Durchschnitt drei Personen infiziert und es jeweils drei Tage dauert, bis es zur nächsten Übertragung kommt. Sogenannte „Super Spreader“ werden hierbei nicht berücksichtigt.[4]

Des Weiteren wird angenommen, dass die Bevölkerung voll suszeptibel, also für das Virus empfänglich, ist. Eine Reduktion der Anzahl suszeptibler Personen wird durch das Durchlaufen der Infektion erreicht. Die Menge der Infizierbaren verkleinert sich, weil Erkrankte versterben oder vorläufige Immunität entwickeln. Die Ausbreitung wird auch durch den Einsatz antiepidemischer Maßnahmen verlangsamt und begrenzt. Solche Maßnahmen sind etwa Quarantäne für Kontaktpersonen von Infizierten oder andere Absonderungsmaßnahmen wie die Behandlung von hochinfektiösen Patienten in Isolierstationen unter Beachtung besonderer

[4] Sogenannte „Super Spreader“, wie sie bei der Verbreitung von SARS beschrieben wurden, sind Personen, die mehr als zehn weitere Personen infizieren. Diese Fälle sind Ausnahmen, die aber einen wesentlichen Effekt auf die Ausbreitung haben können. Die Vorhersage, ob es Super Spreader geben wird und wenn ja, welchen Anteil sie an der Infektionsausbreitung haben, lässt sich nicht treffen. Im Sinne einer notwendigen Komplexitätsreduktion wurden daher für das vorliegende Szenario Super Spreader ausgeklammert, um eine Abschätzung des Verlaufs überhaupt zu ermöglichen.

Infektionsschutzmaßnahmen. Mittel zur Eindämmung sind beispielsweise Schulschließungen und Absagen von Großveranstaltungen. Neben diesen Maßnahmen, die nach dem Infektionsschutzgesetz angeordnet werden können, gibt es weitere Empfehlungen, die zum persönlichen Schutz, z. B. bei beruflich exponierten Personen, beitragen wie die Einhaltung von Hygieneempfehlungen. Die antiepidemischen Maßnahmen beginnen, nachdem zehn Patienten in Deutschland an der Infektion verstorben sind. Die Anordnung der Maßnahmen geschieht in den Regionen zuerst, in denen sich Fälle ereignen; die Bevölkerung setzt die Maßnahmen je nach subjektivem Empfinden unterschiedlich um. Generell werden Maßnahmen zwischen Tag 48 und Tag 408 als effektiv beschrieben. Hieraus ergibt sich mit wirksamen antiepidemischen Maßnahmen in einer Bevölkerung, bei der keine Immunität gegen das Virus vorhanden ist (voll suszeptibel), folgender Verlauf:[5]

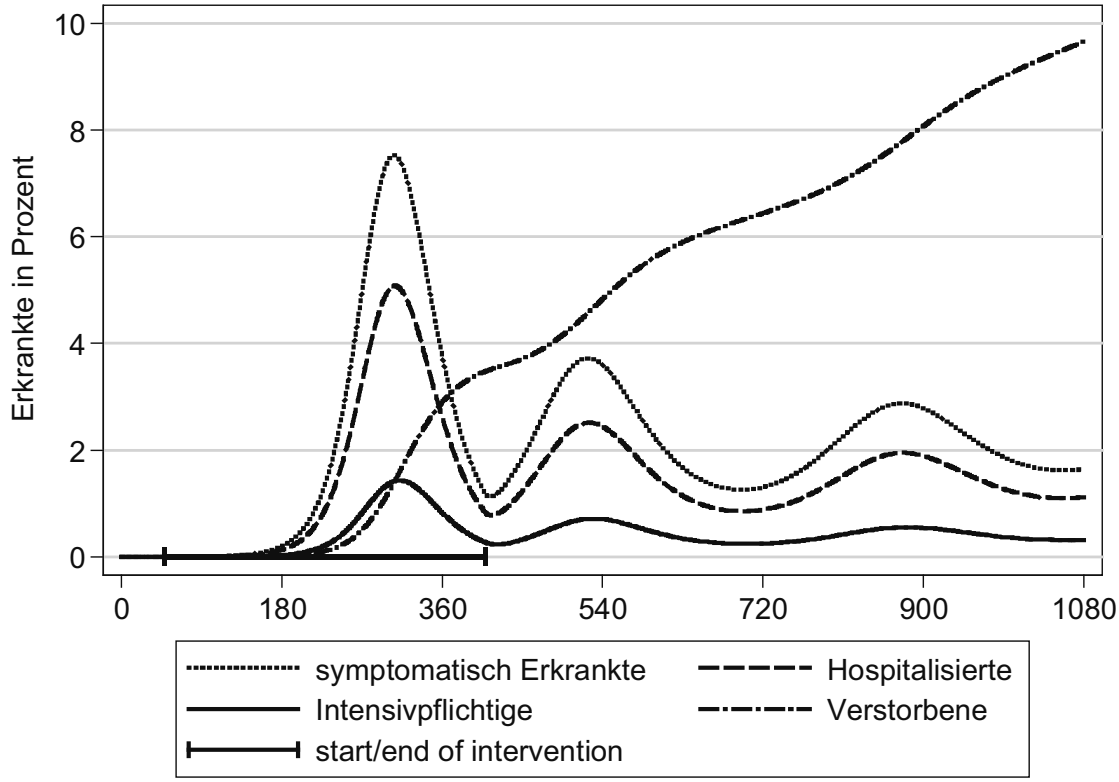

Abbildung 1

[5] Die Modellierung des Verlaufs geht von folgenden Annahmen aus: Die Gesamtbevölkerung wird mit 80 Millionen angenommen. Durchschnittlich beträgt die Latenzzeit 3 Tage, die Zeit vom Einsetzen der Infektiosität bis zur Ausprägung von Symptomen 0,1 Tage, die Länge der infektiösen Phase beträgt 13,1 Tage, die Krankheitsdauer beträgt 13,5 Tage; bei Personen, die hospitalisiert werden müssen, beträgt die Dauer 19 Tage, die durchschnittliche intensivmedizinische Betreuung dauert 13,5 Tage. Es wird angenommen, dass eine Person nach Durchleben der Infektion mit *Modi-SARS* für 360 Tage immun ist, danach kann diese Person durch eine mutierte Version des Virus wieder infiziert werden. Die Modellierung erfolgt anhand der Bevölkerungsdichte, sie bezieht Faktoren wie unterschiedliche Krankheitsverläufe in verschiedenen Altersgruppen oder unterschiedliche Mobilität (von Altersgruppen oder in bestimmten Regionen) nicht ein. Es handelt sich um ein Susceptible-Infected-Recovered (SIR)-Modell, erstellt wurde es mit Stata 12 Software.

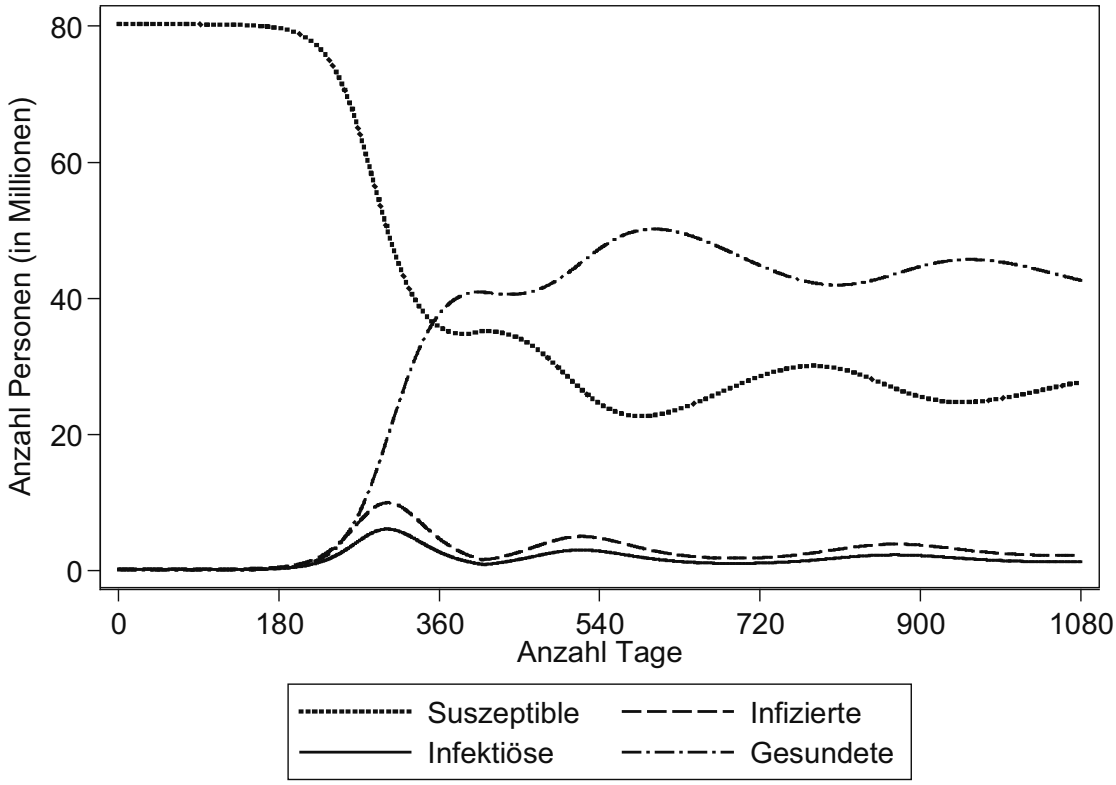

Abbildung 2

Abbildungen: Verlauf der Pandemie über die Zeit.

Die Abbildungen zeigen den Verlauf des Ausbruchs in stark vereinfachter Form. Prozentuale Angaben sind in Abb. 1 gezeigt; angegeben wird die Anzahl Erkrankter gemessen an der Gesamtbevölkerung zu einem bestimmten Zeitpunkt, hiervon wird die Anzahl der Hospitalisierten und hiervon wiederum die Anzahl der Intensivbetreuungspflichtigen angeben. Die Zahlen für Verstorbene akkumulieren sich über die Zeit. In Abb. 2 wird die absolute Zahl der Betroffenen angegeben. Zum Beispiel geht man vor Einsetzen der Pandemie von rund 80 Millionen suszeptiblen Personen aus (Gesamtbevölkerung, da keine Grundimmunität gegeben ist). Die Kurve der suszeptiblen Personen bewegt sich wellenförmig, da diese trotz durchgemachter erster Infektion durch Virusmutation wieder suszeptibel werden, d.h. re-infiziert werden können.

Die Entwicklung der Ausbreitung mit Blick auf die Anzahl der Infizierten verläuft demnach wie folgt:

Zeitpunkt	**Maximale Anzahl symptomatisch Erkrankter auf dem Scheitelpunkt der Wellen (zu einem bestimmten Zeitpunkt gleichzeitig Erkrankte)**	
	insgesamt	davon krankenhauspflichtig[6] (intensivpflichtig)
am Tag 1	10	0
≈ am Tag 300 (1. Welle)	≈ 6 Millionen	≈ 4,1 Millionen (≈ 1,1 Millionen)
≈ am Tag 520 (2. Welle)	≈ 3 Millionen	≈ 2 Millionen (≈ 0,6 Millionen)
≈ am Tag 880 (3. Welle)	≈ 2,3 Millionen	≈ 1,6 Millionen (≈ 0.4 Millionen)

Tabelle 1: Anzahl der Erkrankten zu den Scheitelpunkten im Ereignisverlauf.

Über den Zeitraum der ersten Welle (Tag 1 bis 411) erkranken insgesamt 29 Millionen, im Verlauf der zweiten Welle (Tag 412 bis 692) insgesamt 23 Millionen und während der dritten Welle (Tag 693 bis 1052) insgesamt 26 Millionen Menschen in Deutschland. Für den gesamten zugrunde gelegten Zeitraum von drei Jahren ist mit mindestens 7,5 Millionen Toten als direkte Folge der Infektion zu rechnen. Zusätzlich erhöht sich die Sterblichkeit sowohl von an *Modi-SARS* Erkrankten als auch anders Erkrankter sowie von Pflegebedürftigen, da sie aufgrund der Überlastung des medizinischen und des Pflegebereiches keine adäquate medizinische Versorgung bzw. Pflege mehr erhalten können (vgl. Abschnitt 3. – hier: Gesundheitswesen).

Von den Erkrankten sterben rund 10%. Der Pool der infizierbaren Personen und damit potentieller Überträger der Infektion wird mit der Zeit kleiner, da Personen, die infiziert waren und zwischenzeitlich genesen sind, nun zunächst immun gegen den Erreger sind, während andere Personen an ihrer Erkrankung verstorben sind. Nach einem Höhepunkt sinkt die Neuerkrankungsrate auch, weil die Bevölkerung allgemein mit verstärkten (Eigen-) Schutzmaßnahmen auf das massive Krankheitsgeschehen reagiert. Infolge dieser Maßnahmen nehmen die Neuerkrankungen ab, was zum Nachlassen der individuellen Schutzmaßnahmen führt (aufgrund einer geringeren subjektiven Risikowahrnehmung), wodurch wiederum die Zahl der Neuerkrankungen zunimmt. Diese Wechselwirkungen tragen neben dem Auftreten neuer

[6] „Krankenhauspflichtig“ ist im medizinischen Sinne zu verstehen.

Virusvarianten zu einem Verlauf mit mehreren Höhepunkten bei. Dabei ist so lange mit Neuerkrankungen zu rechnen, bis ein Impfstoff verfügbar ist (36 Monate).

Die enorme Anzahl Infizierter, deren Erkrankung so schwerwiegend ist, dass sie hospitalisiert sein sollten bzw. im Krankenhaus intensivmedizinische Betreuung benötigen würden, übersteigt die vorhandenen Kapazitäten um ein Vielfaches (siehe Abschnitt KRITIS, Sektor Gesundheit, medizinische Versorgung). Dies erfordert umfassende Sichtung (Triage) und Entscheidungen, wer noch in eine Klinik aufgenommen werden und dort behandelt werden kann und bei wem dies nicht mehr möglich ist. Als Konsequenz werden viele der Personen, die nicht behandelt werden können, versterben.[7]

Exkurs: Verlauf ohne antiepidemische Maßnahmen

Das hier vorgestellte Szenario geht davon aus, dass schon früh im Verlauf antiepidemische Maßnahmen eingeleitet werden, die dazu führen, dass jeder Infizierte im Durchschnitt nicht drei, sondern 1,6 Personen infiziert. Die Gegenmaßnahmen werden nur für den Zeitraum von Tag 48 bis Tag 408 angenommen.
Würde man davon ausgehen, dass keinerlei Gegenmaßnahmen eingesetzt werden und jeder Infizierte drei weitere Personen infiziert (bis der Impfstoff zur Verfügung steht), so hätte man mit einem noch drastischeren Verlauf zu rechnen. Zum einen wären die absolute Anzahl der Betroffenen höher, zum anderen wäre der Verlauf auch wesentlich schneller. Während im vorgestellten Modell der Scheitelpunkt der ersten Welle nach rund 300 Tagen erreicht ist, wäre dies ohne antiepidemische Maßnahmen schon nach rund 170 Tagen der Fall. Dieser Zeitgewinn durch antiepidemische Maßnahmen kann sehr effizient genutzt werden, um z. B. persönliche Schutzausrüstung herzustellen, zu verteilen und über ihre korrekte Anwendung zu informieren.
Die Anzahl Betroffener unterscheidet sich in beiden Szenarien gravierend. Wenn Schutzmaßnahmen eingeführt werden und greifen, sind auf den Höhepunkten der Wellen jeweils rund 6 Millionen (1. Welle), 3 Millionen (2. Welle) und 2,3 Millionen (3. Welle) erkrankt. Ohne Gegenmaßnahmen sind es rund 19 Millionen (1. Welle), rund 6,5 Millionen (2. Welle) und rund 3,3 Millionen (3. Welle). Die Zahlen für Hospitalisierte bzw. Patienten, die intensivmedizinisch behandelt werden müssen, verhalten sich ähnlich.

[7] Bisher gibt es keine Richtlinien, wie mit einem Massenanfall von Infizierten bei einer Pandemie umgegangen werden kann. Diese Problematik erfordert komplexe medizinische, aber auch ethische Überlegungen und sollte möglichst nicht erst in einer besonderen Krisensituation betrachtet werden.

2.5 Vorhersagbarkeit/Vorwarnung/Kommunikation

Ist das Ereignis erwartet?

Das Auftreten von neuen Erkrankungen ist ein natürliches Ereignis, das immer wieder vorkommen wird. Es ist aber in der Praxis nicht vorhersehbar, welche neuen Infektionskrankheiten auftreten, wo sie vorkommen werden und wann dies geschehen wird. Daher ist eine spezifische Prognose nicht möglich.

Der Erreger *Modi-SARS* wurde erst wenige Wochen vor dem ersten Auftreten in Deutschland entdeckt. Die offizielle Warnung über die regulären WHO-Meldewege erfolgt erst zu dem Zeitpunkt, als bereits die ersten beiden Erkrankungen in Deutschland festgestellt werden.

Inwiefern können sich die Behörden auf das Ereignis vorbereiten?

Die Entdeckung des Erregers wird den deutschen Behörden erst wenige Tage vor dem ersten Krankheitsfall in Deutschland bekannt. Dementsprechend können zunächst lediglich bestehende Pläne/Maßnahmen aktiviert werden. Es gilt das Infektionsschutzgesetz (IfSG)[8], wonach zwei oder mehr gleichartige Erkrankungen, bei denen ein epidemiologischer Zusammenhang wahrscheinlich ist oder vermutet wird, meldepflichtig sind (§ 6 Absatz1 Satz 1 Nr. 5 IfSG). Zudem kann das BMG in Abhängigkeit von der epidemiologischen Lage die Meldepflicht einschränken oder erweitern (§ 15 IfSG) (Uhlenhaut, 2011). Auf internationaler Ebene greifen die Internationalen Gesundheitsvorschriften (International Health Regulations, (WHO, 2005)), hierbei handelt es sich um rechtlich verbindliche Richtlinien zur Kontrolle von Infektionskrankheiten.

Auf nationaler Ebene gibt es insbesondere seit dem vermehrten Auftreten von humanen Fällen von aviärer Influenza („Vogelgrippe“) des Typs H5N1 Bestrebungen, Influenzapandemiepläne zu entwickeln. Es gibt einen nationalen Influenzapandemieplan (RKI, 2007), der aus drei Teilen besteht:

1. Überblick über die Maßnahmen
2. Phasenorientierte Aufgaben und Handlungsempfehlungen
3. Wissenschaftliche Zusammenhänge

Auf Länder- und kommunaler Ebene wurden auf dieser Basis eigene Pandemiepläne erstellt (z. B. Stadt Frankfurt am Main, 2008, Niedersächsisches Ministerium für Soziales, 2006). Daneben haben viele Großunternehmen und Institute eigene Pläne entwickelt, um krankheitsbedingte Ausfälle zu reduzieren und Arbeitsfähigkeit, z. B. durch Telearbeitsplätze, sicher zu stellen.[9]

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[8] Die Bekämpfung und Verhütung von humanen Infektionskrankheiten wird vom öffentlichen Gesundheitsdienst auf der Rechtsgrundlage des Seuchenrechtsneuordnungsgesetzes (SeuRNeuG) und hier insbesondere in dem in Artikel 1 eingebundenen Infektionsschutzgesetz (IfSG) geregelt.

[9] Vgl. Bundesamt für Bevölkerungsschutz und Katastrophenhilfe 2010, Bundesministerium des Innern 2005.

Arbeitszeitausfälle können verschiedene Ursachen haben; zum einen kann der Arbeitnehmer selbst erkrankt sein, zum anderen kann er aber auch dem Arbeitsplatz fern bleiben, um sein Infektionsrisiko (z. B. in öffentlichen Verkehrsmitteln, aber auch bei Kontakt mit Kollegen) zu vermindern, oder die Pflege erkrankter Angehöriger kann der Grund sein.

Kann sich die Bevölkerung auf das Ereignis einstellen?

Nachdem erkannt ist, dass es sich um einen über die Atemwege übertragbaren Erreger handelt, wird die Bevölkerung sehr schnell über generelle Schutzmaßnahmen informiert (z. B. Hygieneregeln befolgen, Massenansammlungen vermeiden, ÖPNV meiden, angeordnete Maßnahmen nach IfSG befolgen). Fraglich ist, inwieweit die kommunizierten Empfehlungen/Anweisungen umgesetzt werden, bspw. inwieweit Menschen über Schutzausrüstung verfügen und diese auch korrekt einsetzen können. Das Handeln von Menschen in Gefahren- bzw. Katastrophenlagen wird durch eine Reihe unterschiedlicher Faktoren bestimmt, die sich auch gegenseitig beeinflussen, darunter fallen z. B.:

- eigene Risikowahrnehmung
- sozialer Kontext (Familie, Beruf, …)
- sozioökonomischer Status (Einkommen, Schicht- und Milieuzugehörigkeit, …)
- Bildungsniveau

Kommunikation:

Zwischen der Kenntnisnahme des Erregers durch die deutschen Behörden und der Verbreitung erster Information durch die Medien liegen ca. 24 Std. Es ist von einer vielstimmigen Bewertung des Ereignisses auszugehen, die nicht widerspruchsfrei ist. Dementsprechend ist mit Verunsicherung der Bevölkerung zu rechnen. Zusätzlich ist ein (mehr oder minder qualifizierter) Austausch über neue Medien (z. B. Facebook, Twitter) zu erwarten.

Das Ereignis erfordert die Erstellung von Informationsmaterial, das laufend an die Lage angepasst werden muss und das über unterschiedliche Medien (z. B. Printmedien, Fernsehen, Social Media) an die Bevölkerung gegeben wird. In der Anfangsphase werden das Auftreten der Erkrankung und die damit verbundenen Unsicherheiten kommuniziert (z. B. unbekannter Erreger, Ausmaß, Herkunft, Gefährlichkeit nicht genau zu beschreiben, Gegenmaßnahmen nur allgemein zu formulieren). Neue Erkenntnisse werden jeweils zeitnah weitergegeben. Es wird darauf geachtet, dass den Fragen und Ängste der Bevölkerung adäquat begegnet wird.

Es ist anzunehmen, dass die Krisenkommunikation nicht durchgängig angemessen gut gelingt. So können beispielsweise widersprüchliche Aussagen von verschiedenen Behörden/Autoritäten die Vertrauensbildung und Umsetzung der erforderlichen Maßnahmen erschweren. Nur wenn die

Bevölkerung von der Sinnhaftigkeit von Maßnahmen (z. B. Quarantäne) überzeugt ist, werden sich diese umsetzen lassen.[10]

2.6 Behördliche Maßnahmen

Neben der Information der Bevölkerung treffen die Behörden, aufbauend auf bestehenden Plänen und den Erfahrungen aus der Vergangenheit, Maßnahmen zur Eindämmung und Bewältigung des Ereignisses. Krisenstäbe werden zeitnah einberufen und übernehmen die Leitung und Koordination der Maßnahmen. Die vorausschauende Beurteilung der Lage und die entsprechende Planung der Abwehrmaßnahmen werden unter allen beteiligten Ebenen abgestimmt.

Zu den behördlichen Maßnahmen im Gesundheitswesen zählen Absonderung, Isolierung und Quarantäne. Absonderung beschreibt die räumlichen und zeitlichen Absonderungsmaßnahmen von Kranken, Krankheits- und Ansteckungsverdächtigen voneinander und auch von empfänglichen, nicht-infizierten Personen, aber auch in Gruppen (Kohorten-Isolierung, -Quarantäne, Haushaltsquarantäne). Quarantäne definiert die Absonderung nicht behandlungsbedürftiger Personen, ohne Kranke oder Krankheitsverdächtige einzuschließen. Der Begriff der Isolierung sollte exklusiv die stationäre Behandlung von Kranken und Krankheitsverdächtigen in einer Isolier- oder Sonderisolierstation beschreiben (Fock et al., 2007). Eine genaue Definition und präzise Verwendung dieser Begriffe ist wichtig für die Kommunikation auf allen Ebenen – insbesondere da diese Begriffe im IfSG nicht bzw. nur unzureichend beschrieben werden.
Es gilt, infektionsverdächtige Kontaktpersonen zu identifizieren und zu finden, mit ihnen (teils schwierige) Gespräche zu führen und Maßnahmen, die nach IfSG vorgesehen sind, durchzusetzen. Wenn eine Kontaktsuche durch die Gesundheitsämter aufgrund der Fülle der Fälle nicht mehr möglich ist, ist eine Einzelfallmeldung nicht mehr sinnvoll und kann aufgehoben werden.

Die zuständigen Behörden, zunächst die Gesundheitsämter und dort vornehmlich die Amtsärzte, haben Maßnahmen zur Verhütung übertragbarer Krankheiten zu ergreifen. Das IfSG erlaubt dazu

[10] Es ist generell kritisch, einen positiven Informationsfluss aufrecht zu erhalten. Ohne diesen kann es z. B. zu größeren Unsicherheiten, zur frühzeitigen Aufhebung von Schutzmaßnahmen im persönlichen Umfeld und somit zu neuen Ausbrüchen kommen. Für die Akzeptanz der kommunizierten Botschaften ist essentiell, dass die Behörden „auf Augenhöhe“ mit der Bevölkerung kommunizieren. Der Bürger sollte als Partner, nicht als „Befehlsempfänger“ verstanden werden. Notwendig ist auch eine zielgruppendifferenzierte Kommunikation; verschiedene demographische Gruppen müssen unterschiedlich angesprochen werden (auch: mehrsprachiges Informationsmaterial).

unter anderem Einschränkungen von Grundrechten (§ 16 IfSG), wie z. B. das Recht auf die Unverletzlichkeit der Wohnung (Artikel 13 Absatz 1 GG). Im Rahmen von notwendigen Schutzmaßnahmen können zudem das Grundrecht der Freiheit der Person (Artikel 2 Absatz 2 Satz 2 GG) und die Versammlungsfreiheit (Artikel 8 GG) eingeschränkt werden (§ 16 Absatz 5 bis 8 und § 28 IfSG). Neben diesen direkt vom Amtsarzt anzuordnenden Maßnahmen kann das Bundesministerium für Gesundheit durch eine Rechtsverordnung anordnen, dass bedrohte Teile der Bevölkerung an Schutzimpfungen oder anderen Maßnahmen der spezifischen Prophylaxe teilzunehmen haben (§ 20 Absatz 6 IfSG), wodurch das Recht auf körperliche Unversehrtheit (Artikel 2 Absatz 2 Satz 1 GG) eingeschränkt werden kann.

Diese Aufgaben stellen die zuständigen Behörden im Verlauf des hier zugrunde gelegten Ereignisses vor große bzw. mitunter nicht mehr zu bewältigende Herausforderungen. Dies gilt sowohl im Hinblick auf die personellen und materiellen Ressourcen als auch in Bezug auf die Durchsetzbarkeit behördlicher Maßnahmen.

3. Auswirkungen auf KRITIS/Versorgung

Vorbemerkung:
Die nachstehend aufgeführten kritischen Infrastrukturen sind komplexe Systeme, von denen eine Vielzahl von Versorgungsfunktionen abhängt. Grundsätzlich ist davon auszugehen, dass die Beeinträchtigung einzelner Infrastruktursektoren und -branchen auch Einfluss auf andere Infrastrukturen und ihre Versorgungsleistungen haben wird. Dieser Umstand kann in seiner Komplexität hier nicht abgebildet werden. Da die Risikoanalyse aus der übergeordneten Perspektive des Bundes erfolgt, werden die zu erwartenden Auswirkungen auf den Bereich KRITIS/Versorgung nachfolgend in generalisierter, qualitativer Weise dargestellt. Auf wesentliche Verflechtungen wird in den Erläuterungen zu den einzelnen Branchen eingegangen.[11]

Das Ereignis verläuft wie unter 2.4 beschrieben in drei Erkrankungswellen. Während der ersten Welle sind in allen nachstehend genannten Bereichen generell besonders akute Auswirkungen zu erwarten, da hier bis zu 8% der Gesamtbevölkerung zeitgleich erkranken. Die Infektions- und Übertragungsrisiken unterscheiden sich dabei nach Berufsfeldern. Den nachfolgenden Ausführungen wurde die Annahme zugrunde gelegt, dass sich dies auch entsprechend in der

[11] Grundlage hierfür sind begründete Annahmen und Experteneinschätzungen der beteiligten Bundesbehörden. Perspektivisch ist eine Einbeziehung unmittelbarer Expertise von KRITIS-Betreibern in den Prozess der Szenarioentwicklung wünschenswert, um hier konkretere und validierte Aussagen treffen zu können. Für quantitative Aussagen wären zusätzliche, tiefergehende Analysen notwendig, die auch die Komplexität der vielfältig miteinander verflochtenen Infrastrukturen berücksichtigen müssten. Entsprechend detaillierte Hintergrundinformationen liegen zuständigkeitsbedingt für viele Bereiche nicht auf Ebene des Bundes vor.

arbeitenden Bevölkerung widerspiegelt. Hinzu kommen personelle Ausfälle aufgrund der Pflege von erkrankten Angehörigen, der Betreuung von Kindern u.a. oder der Angst vor einer Ansteckung.

Mit steigendem Krankenstand müssen genehmigte Urlaube und Fortbildungen verschoben werden, der Betriebsablauf wird entsprechend angepasst, nicht dringliche Wartungsarbeiten etc. werden reduziert, die Möglichkeiten der Paragraphen 14 und 15 des Arbeitszeitgesetzes werden genutzt. Die zunehmend hohe Zahl an Erkrankten und die Abwesenheiten aufgrund der Pflege von erkrankten Angehörigen oder der Angst vor einer Ansteckung wirken sich in allen Branchen und Sektoren auf die Personalverfügbarkeit aus. Dies gilt insbesondere für Bereiche mit vielen Personenkontakten.

Langfristig ist auch davon auszugehen, dass es zu grundsätzlichen Schwierigkeiten im Betrieb der Infrastrukturen durch den dauerhaften Ausfall von Personal (Verstorbene) kommen wird. Umgekehrt werden Erfahrungen aus der ersten Welle zu entsprechenden Anpassungen und Maßnahmen im Betrieb der kritischen Infrastrukturen führen.

Grundsätzlich ist davon auszugehen, dass der Aufrechterhaltung der Versorgung höchste Priorität eingeräumt wird, die Versorger entsprechende Anstrengungen unternehmen und dass somit nicht mit großflächigen Versorgungsausfällen zu rechnen ist. Punktuell ist allerdings durchaus ggf. mit auch länger anhaltenden Störungen zu rechnen, da Serviceleistungen aufgrund von Personalausfall nicht überall im gewohnten Umfang zur Verfügung stehen. Dies gilt insbesondere für personalintensive Bereiche und Bereiche mit geringer Personalredundanz in Schlüsselpositionen.

Der Betrieb kritischer Infrastrukturen ist an vielen Stellen auf hoch qualifiziertes und spezialisiertes Personal angewiesen, dessen Ausfall weit reichende Folgen haben kann (z. B. im Bereich der Steuerung von Übertragungsnetzen, in der Flugsicherung, etc.) und Versorgungsausfälle oder -engpässe bundesrelevanten Ausmaßes mit sich bringen könnte. Den folgenden Einschätzungen liegt die Annahme zugrunde, dass die Besetzung dieser Schlüsselpositionen weiterhin gewährleistet werden kann, also kein zu hoher Anteil dieses Personals zum gleichen Zeitpunkt innerhalb des betrachteten Zeitraums erkrankt. Diese Einschränkung ist notwendig, da dieses Szenario unter einer anders lautenden Annahme deutlich abweichend zu bewerten wäre.

Darüber hinaus sind mit Blick auf vielfältige internationale Verflechtungen auch Versorgungsleistungen aus anderen Ländern für Deutschland von großer Bedeutung. Zahlreiche Güter und Dienste werden weltweit jeweils von nur wenigen Schlüsselproduzenten bereitgestellt.

Somit könnten Ausfälle im Bereich importierter Güter und Rohstoffe auch in Deutschland zu spürbaren Engpässen und Kaskadeneffekten führen.

Die folgenden Betrachtungen beziehen sich auf die erste Welle des Infektionsgeschehens, da hier die größte Anzahl zeitgleich Erkrankter auftritt.

Sektor ENERGIE

	Branche	**Erläuterungen**
X	Elektrizität	Die Versorgung kann grundsätzlich aufrechterhalten werden. → Querverweis Logistik
X	Gas	Die Versorgung kann grundsätzlich aufrechterhalten werden.
X	Mineralöl	Die Versorgung kann grundsätzlich aufrechterhalten werden.

Sektor INFORMATION UND TELEKOMMUNIKATION

	Branche	**Erläuterungen**
X	Telekommunikation	Die Versorgung (Festnetz, Mobilfunk, Internet) kann grundsätzlich aufrechterhalten werden.
X	Informationstechnik	Die Versorgung kann grundsätzlich aufrechterhalten werden.

Sektor TRANSPORT UND VERKEHR

	Branche	**Erläuterungen**
X	Luftfahrt	Es kommt zu Einschränkungen im Luftverkehr. Im Fracht- und insbesondere im Personenverkehr kommt es zur Streichung von Flügen, da die Personalplanung aufgrund der besonderen Anforderungen (Ruhezeiten, verschiedenste Aufenthaltsorte der Besatzungen, etc.) nur eine gewisse Flexibilität erlaubt. Aufgrund der grundsätzlich vielen Personenkontakte in den Bereichen Service- und Sicherheitspersonal kommt es zu erhöhten Personalausfällen bei Fluggesellschaften und Flughäfen. Gleichzeitig geht die Nachfrage sowohl im Personen- als auch im Geschäftsverkehr zurück (Erkrankungen, Angst vor Ansteckung, Reisewarnungen).
X	Seeschifffahrt	Die Versorgung kann grundsätzlich aufrechterhalten werden. Die Frachtbeförderung auf hoher See wird nur leicht beeinträchtigt.

		Zwar kommt es auch hier zu Personalausfällen, jedoch fallen diese geringer aus als in anderen Branchen (wenig Kontakte nach Außen, zusätzliche Infektionsschutzmaßen). → Querverweis Logistik (Seehäfen)
X	Binnenschifffahrt	Die Versorgung kann grundsätzlich aufrechterhalten werden. Die Frachtbeförderung auf Binnengewässern wird nur leicht beeinträchtigt. Zwar kommt es auch hier zu Personalausfällen, jedoch fallen diese geringer aus als in anderen Branchen. → Querverweis Logistik (Binnenhäfen)
X	Schienenverkehr	Der Schienenverkehr wird durch Personalausfälle beeinträchtigt. Verbindungen fallen aus, es kommt zu Verzögerungen im Betriebsablauf. Dies hat auch Auswirkungen auf Pendler/Reisende, die nicht per Bahn zum Arbeitsplatz/Zielort gelangen können. Gleichzeitig werden zahlreiche Menschen das Reisen mit der Bahn meiden bzw. aufgrund der Erkrankung nicht Bahn fahren können, so dass sich hier ein gewisser Ausgleich einstellt. → Querverweis Logistik
X	Straßenverkehr	Der Individualverkehr nimmt durch Ausfall bzw. Meidung von Massenverkehrsmitteln zu. Insgesamt kommt es vermehrt zu Verkehrsstörungen und Kapazitätsengpässen im Straßenverkehr. → Querverweis Logistik
X	Logistik	Ausfälle an einzelnen Punkten innerhalb der Lieferketten multiplizieren sich aufgrund der komplexen Interdependenzen. Personalausfälle führen hier deshalb mitunter zu erheblichen Einschränkungen bzw. zu Unterbrechungen von Lieferketten. Dies hat entsprechende Auswirkungen auf Produktionsprozesse und andere Infrastruktursektoren. Gewisse Transportkapazitäten werden zum Transport von Gütern mit besonderer Priorität eingesetzt (z. B. Lebensmittel, Energieträger).[12]

[12] Das Gesetz zur Sicherung von Verkehrsleistungen (Verkehrsleistungsgesetz - VerkLG) dient der Sicherung von ausreichenden Verkehrsleistungen in besonderen (Krisen-)Lagen. Aufgrund dieses Gesetzes können Erbringer von Verkehrsleistungen (Unternehmer) dazu verpflichtet werden, entsprechende Leistungen und Nebenleistungen zur Verfügung zu stellen. Dazu gehört auch die Überlassung von Verkehrsmitteln und Anlagen, nicht jedoch die Bereitstellung von Personal.

Sektor GESUNDHEIT

	Branche	**Erläuterungen**
X	Medizinische Versorgung	Die hohe Zahl von Konsultationen und Behandlungen stellt sowohl Krankenhäuser als auch niedergelassenen Ärzte vor immense Probleme. Die medizinische Versorgung bricht bundesweit zusammen. Die personellen und materiellen Kapazitäten reichen nicht aus, um die gewohnte Versorgung aufrecht zu erhalten. Der aktuellen Kapazität von 500.000 Krankenhausbetten (reine Bettenanzahl, von denen ein Teil bereits von anders Erkrankten belegt ist, die Bettenzahl ließe sich durch provisorische Maßnahmen leicht erhöhen) stehen im betrachteten Zeitraum (1. Welle) mehr als 4 Millionen Erkrankte gegenüber, die unter normalen Umständen im Krankenhaus behandelt werden müssten. Der überwiegende Teil der Erkrankten kann somit nicht adäquat versorgt werden, so dass die Versorgung der meisten Betroffenen zu Hause erfolgen muss. Notlazarette werden eingerichtet. Auch im Gesundheitsbereich kommt es zu überdurchschnittlich hohen Personalausfällen (z. B. aufgrund erhöhter Ansteckungsgefahr, psycho-sozialer Belastungen) bei gleichzeitig deutlich erhöhtem Personalbedarf. Arzneimittel, Medizinprodukte, persönliche Schutzausrüstungen und Desinfektionsmittel werden verstärkt nachgefragt. Da Krankenhäuser, Arztpraxen und Behörden in der Regel auf schnelle Nachlieferung angewiesen sind, die Industrie die Nachfrage jedoch nicht mehr vollständig bedienen kann, entstehen Engpässe. Aufgrund der hohen Sterberate stellt auch die Beisetzung der Verstorbenen eine große Herausforderung dar (Massenanfall an Leichen, Sorge vor Infektiosität).
X	Arzneimitteln und Impfstoffe	Ein Impfstoff existiert zunächst nicht und wird erst nach etwa drei Jahren verfügbar sein. Die Bestände an Arzneimitteln zur Behandlung der Symptome reichen zunächst aus, Ersatzbeschaffungen werden zeitnah geordert, jedoch stößt die internationale Pharmaindustrie an die Grenzen der Produktionskapazität.
X	Labore	Arbeitsfähigkeit ist gegeben.

Sektor WASSER

	Branche	Erläuterungen
X	Öffentl. Wasser-versorgung	Die Versorgung kann grundsätzlich aufrechterhalten werden.
X	Öffentl. Abwasser-beseitigung	Die Versorgung kann grundsätzlich aufrechterhalten werden.

Sektor ERNÄHRUNG

	Branche	Erläuterungen
X	Ernährungs-wirtschaft	Die Produktion von Lebensmitteln ist nicht in gewohnter Menge und Vielfalt möglich. Krankheitsbedingte Ausfälle im Bereich der Landwirtschaft (v.a. in kleinen und mittleren Betrieben) führen mitunter zu deutlichen Verlusten in der landwirtschaftlichen Produktion. Der nicht überall zu kompensierende, krankheitsbedingte Personalausfall führt in der verarbeitenden Industrie v.a. zu Spitzenzeiten (z. B. Erntezeit) mitunter zu erheblichen Auswirkungen. → Querverweis Logistik
X	Lebensmittelhandel	Die Versorgung mit Lebensmitteln ist nicht in gewohnter Menge und Vielfalt möglich. Mit Ladenschließungen ist zu rechnen, jedoch nicht flächendeckend. Aufgrund der grundsätzlich vielen Personenkontakte kommt es zu erhöhten Personalausfällen. Engpässe können nur zum Teil kompensiert werden. Die Versorgung Institutionen (z. B. Krankenhäuser, Altenheimen) kann grundsätzlich aufrechterhalten werden. Die Individualversorgung ist regional jedoch mitunter stark eingeschränkt. → Querverweis Logistik (aufgrund begrenzter Lagerkapazitäten sind die Geschäfte auf eine störungsfreie Versorgung angewiesen)

Sektor FINANZ- UND VERSICHERUNGSWESEN

	Branche	**Erläuterungen**
X	Banken	Arbeitsfähigkeit ist gegeben.
X	Börsen	Arbeitsfähigkeit ist gegeben.
X	Versicherungen	Arbeitsfähigkeit ist gegeben.
X	Finanzdienstleister	Arbeitsfähigkeit ist gegeben.

Sektor STAAT UND VERWALTUNG

	Branche	**Erläuterungen**
X	Regierung und Verwaltung	Personalengpässe in Regierung und Verwaltung können durch Anpassungen abgefangen werden. Nicht dringliche und nicht existenzielle Aufgaben werden nur noch nachrangig behandelt, so dass insbesondere die Bereiche „öffentliche Sicherheit und Ordnung“ und „Soziales“ auf ausreichende Personalkapazitäten zurückgreifen können.
X	Parlament	Bundestag und Länderparlamente können ihre Arbeit weiterführen.
X	Justizeinrichtungen	Justizeinrichtungen können trotz der Personalengpässe aufgrund von Urlaubssperren und Umdisponierung weiterhin sicher geführt werden.
X	Notfall-/Rettungs-wesen einschließl. Katastrophenschutz	Aufgrund der flächendeckenden und langandauernden Lage werden alle Kräfte des deutschen Notfall- und Rettungswesens einschließlich des Katastrophenschutzes stark beansprucht. Auch die Hilfeleistungspotentiale des Bundes (z. B. THW, Bundespolizei, Bundeswehr) werden in allen Bereichen unterstützend eingesetzt. Trotz maximalen Einsatzes können die Aufgaben v.a. während der Höhepunkte der Erkrankungswellen nicht bewältigt werden. Die Mobilisierung der ehrenamtlichen Potentiale gelingt nur unzureichend, zumal es in dem hauptsächlich ehrenamtlich getragen Hilfeleistungssystem Deutschlands zu Interessenkonflikten kommt.

Sektor MEDIEN UND KULTUR

	Branche	Erläuterungen
X	Rundfunk (Fernsehen und Radio), gedruckte und elektronische Presse	Die Medien können ihre Berichterstattung weiter aufrechterhalten. Personalengpässe werden abgefedert, indem die unmittelbare Berichterstattung über das Nachrichtengeschehen in den Fokus der Redaktionen rückt. In den Bereichen Kultur, Sport und Unterhaltung werden die Kapazitäten reduziert. Amtliche Bekanntmachungen, Empfehlungen und Verhaltensanweisungen werden durch die öffentlich-rechtlichen Medien übermittelt.
X	symbolträchtige Bauwerke	Symbolträchtige Bauwerke sind von der Pandemie nicht betroffen.

Zusätzliche Hinweise:

Entsorgung:
Es kommt zu erheblichen Problemen im Bereich der Entsorgung (z. B. Müllabfuhr).

Groß- und Einzelhandel:
Die Versorgung mit Waren des täglichen Bedarfs ist nicht in gewohnter Menge und Vielfalt möglich.

4. Betroffene Schutzgüter

Welche Schutzgüter sind durch das Ereignis unmittelbar/mittelbar betroffen?
Hinweis: An dieser Stelle wird generell erfasst, für welche Schutzgüter Auswirkungen/ Schäden durch das Ereignis sowie durch den Ausfall von kritischen Infrastrukturen zu erwarten sind. Das eigentliche Schadensausmaß wird in einem separaten Schritt der Risikoanalyse ermittelt.

Auswirkungen auf das Schutzgut MENSCH:

Tote (M_1):
Es ist über den gesamten Zeitraum mit mindestens 7,5 Millionen Toten zu rechnen (vgl. Kapitel 2.4).

Verletzte/Erkrankte (M_2):
Allein während der ersten Erkrankungswelle ist gleichzeitig mit 6 Millionen Erkrankten zu rechnen. Über den gesamten Zeitraum ist die Zahl der Erkrankten noch deutlich höher.

Hilfebedürftige (M_3):
Wo Isolierung, Absonderung, Quarantäne erforderlich sind, sind die betroffenen Personen auf entsprechende Versorgung von außen angewiesen, ebenso könnte die Versorgung insbesondere von älteren und kranken Menschen mit Nahrungsmitteln und Medikamenten erschwert sein und ggf. ein staatliches Eingreifen erforderlich machen, z. B. weil Pflegepersonal nicht durch Impfung geschützt ist (d.h. erschwerte Arbeitsbedingungen, Mehraufwand usw.). Beispielhafte, denkbare Fälle:

- Menschen in häuslicher Quarantäne müssen versorgt und (ihre gesundheitlichen Parameter) kontrolliert werden – ohne diese Maßnahmen wird die Quarantäne nicht eingehalten
- Ältere Menschen oder Menschen mit Vorerkrankungen werden durch die Entwicklung besonders verunsichert und vermeiden es, Geschäfte aufzusuchen
- Menschen, die sich zuvor um ältere oder kranke Nachbarn gekümmert haben (Einkäufe, Apothekengänge), fahren dieses Engagement aus den verschiedensten Gründen zurück (z. B. selbst verängstigt; zu beschäftigt mit der eigenen Situation; Verlassen des Wohnorts, um sich um eigene Angehörige zu kümmern)
- Lieferservice der Apotheken bricht zusammen

Vermisste (M_4):
Mit Vermissten infolge des Ereignisses ist in geringerem Umfang zu rechnen, z. B. Personen, die aufgrund der Erkrankung unbemerkt versterben und deren Schicksal nicht geklärt werden kann.

<u>Auswirkungen auf das Schutzgut UMWELT:</u>

Schädigung geschützter Gebiet (U_1):
Mit unmittelbaren Auswirkungen auf geschützte Gebiete ist nicht zu rechnen.

Schädigung von Oberflächengewässern/Grundwasser (U_2):
Mit unmittelbaren Auswirkungen auf Oberflächengewässer/Grundwasser ist nicht zu rechnen.

Schädigung von Waldflächen (U_3):
Mit unmittelbaren Auswirkungen auf Waldflächen ist nicht zu rechnen.

Schädigung landwirtschaftlicher Nutzfläche (U_4):
Mit unmittelbaren Auswirkungen auf landwirtschaftliche Nutzflächen ist nicht zu rechnen.

Schädigung von Nutztieren (U_5):
In einzelnen Fällen können Nutztiere geschädigt werden.

Auswirkungen auf das Schutzgut VOLKSWIRTSCHAFT:

Die volkswirtschaftlichen Auswirkungen sind hier nicht konkret abschätzbar, könnten allerdings immens sein.[13] Da im gesamten Ereignisverlauf mindestens 7,5 Millionen Menschen sterben, ist trotz der Altersverteilung der Letalitätsrate mit dem Tod einer Vielzahl von Erwerbstätigen zu rechnen. Sollten z. B. vier Millionen Erwerbstätige versterben, wären dies ca. zehn Prozent aller Erwerbstätigen, dieser Verlust wäre volkswirtschaftlich deutlich spürbar und mit einem hohen Einbruch des Bruttoinlandprodukts verbunden.

Öffentliche Hand (V_1):
Mit massiven Kosten für die öffentliche Hand ist zu rechnen, u.a. durch den Verbrauch von medizinischem Material und Arzneimitteln sowie durch die Entwicklung und Beschaffung eines Impfstoffes. Durch den Ausfall von Wirtschaftsleistung sind geringere Steuereinnahmen zu erwarten. Dies führt in Verbindung mit dem Anstieg der Gesundheitskosten voraussichtlich zu einer erheblichen Belastung der Sozialversicherungssysteme, vor allem der gesetzlichen Krankenversicherung.

Private Wirtschaft (V_2):
Mit Einbußen an wirtschaftlicher Leistung durch Krankenstände beim Personal bzw. Todesfälle in der Belegschaft der Unternehmen, zusätzlichen Kosten durch Anpassungsmaßnahmen zur Aufrechterhaltung des Betriebs, höheren Kosten für Transport und Logistik bzw. Einschränkungen beim Transport von Waren und einem geänderten (zurückhaltenden) Konsum- und Investitionsverhalten der Bevölkerung und anderer Unternehmen ist zu rechnen, ebenso mit

[13] Selbst die Bewertung von bekannten Ausbrüchen, die in ihrem Ausmaß nicht mit dem hier betrachteten *Modi-SARS*-Szenario vergleichbar sind, kann in dieser Hinsicht nur als Schätzung begriffen werden. Beispiele sind E.coli-Ausbrüche in den USA, die zwischen 1991 und 1999 rund 1,6 Milliarden US-Dollar gekostet haben, ein Cholera-Ausbruch in Peru (rund 770 Millionen US-Dollar) oder die Lungenpest in Surat, Indien. Bei diesem Ausbruch starben über 50 Menschen, es gab über 5.000 Infizierte (Letalität ~ 1%). In erster Linie war jedoch die Reaktion der Bevölkerung das Problem, es wurde von rund 300.000 Menschen berichtet, die aus der Region flüchteten; der wirtschaftliche Schaden wird mit rund 1,7 Milliarden US-Dollar angenommen. Das Auftreten von SARS 2003 hat nicht nur eindrucksvoll gezeigt, wie ein neuartiger Erreger auch modernste Infrastrukturen sehr schnell an ihre Grenzen bringen kann. Auch der volkswirtschaftliche Schaden war beträchtlich. So wird der finanzielle Schaden in Beijing nur den Tourismus betreffend mit rund 1,4 Milliarden Dollar geschätzt – rund 300 mal teurer als die Pflege der SARS-Patienten in der Stadt.

behördlich angeordneten Einschränkungen des internationalen Handels und Flugverkehrs/Reiseverkehrs und einem Rückgang des Tourismus.

Generell ist zu berücksichtigen, dass Unternehmen die Auswirkungen der Pandemie selbst bei guter Planung und Vorbereitung ggf. nicht mehr kompensieren können (generelle Rationalisierungstendenzen: dünne Personaldecke, Abhängigkeit von Zulieferern, Just-in-Time-Produktion usw.). Dies kann sogar dazu führen, dass weltweit Produktionsketten zum Erliegen kommen.

Mit Blick auf vielfältige internationale Verflechtungen sind auch Versorgungsleistungen aus anderen Ländern für Deutschland von großer Bedeutung. Zahlreiche Güter und Dienste werden weltweit von nur wenigen Schlüsselproduzenten bereitgestellt. Somit könnten Ausfälle im Bereich importierter Güter und Rohstoffe auch in Deutschland zu spürbaren Engpässen und Kaskadeneffekten führen.

Private Haushalte (V_3):
Da durch das Ereignis keine unmittelbaren Schäden an Privatbesitz zu erwarten sind, ist hier nicht davon auszugehen, dass Wiederherstellungsmaßnahmen erforderlich sind.
Für private Haushalte, in denen erwerbstätige Personen durch das Ereignis sterben oder arbeitsunfähig werden, ist mit entsprechend schweren wirtschaftlichen Auswirkungen zu rechnen.

Auswirkungen auf das Schutzgut IMMATERIELL:

Öffentliche Sicherheit und Ordnung (I_1):
Es ist davon auszugehen, dass die Verunsicherung der Bevölkerung, die bei einer schweren Pandemie zu erwarten ist, sich auch auf die öffentliche Sicherheit und Ordnung auswirkt.

Die Auswirkungen einer solchen Pandemie auf die Gesellschaft sind allerdings nur schwer abzuschätzen und hängen von verschiedenen Faktoren ab, z. B. von der Art und Weise des behördlichen Handelns und der behördlichen Kommunikation, der Berichterstattung in den Medien etc. Im vorliegenden Szenario wird davon ausgegangen, dass die Mehrheit der Bevölkerung sich solidarisch verhält und versucht, die Auswirkungen des Ereignisses durch gegenseitige Unterstützung und Rücksichtnahme zu verringern. Ähnlich solidarische Verhaltensweisen wurden vielfach bei anderen Extremsituationen beobachtet. Gleichwohl ist es nicht auszuschließen, dass eine zunehmende Verunsicherung und das Gefühl, durch die Behörden und das Gesundheitswesen im Stich gelassen zu werden, aggressives und antisoziales Verhalten fördert.

Hierunter fallen z. B.[14]

- Einbrüche/Diebstähle, z. B. zur Erlangung von Medikamenten (z. B. Antibiotika) usw.
- Plünderungen und Vandalismus
- Handel mit gefälschten Medikamenten
- Aktionen gegen Behörden oder Gesundheitseinrichtungen (aus Verärgerung, z. B. wegen vermeintlich ungerechter Behandlung bei medizinischer Versorgung)

Ob Menschen zu solchen Mitteln greifen, hängt von unterschiedlichen Faktoren ab. Gerät ein Mensch in einen Zielkonflikt, steigt die Wahrscheinlichkeit einer solchen Reaktion (z. B. Plünderung eines Supermarkts, wenn dies als einzige Möglichkeit erscheint, die eigene Familie zu versorgen, ebenso Plünderung einer Apotheke etc.).

Des Weiteren ist es möglich, dass Anweisungen der Polizei und anderer Behörden nicht Folge geleistet wird (z. B. Aufenthalts-, Hygieneregelungen) oder dass Vertretern dieser Behörden aggressiv begegnet wird. Demonstrationen oder Ausschreitungen größeren Ausmaßes dürften eher nicht zu erwarten sein, da angenommen wird, dass größere Ansammlungen von Menschen eher gemieden werden. Dies hängt jedoch von der individuellen Risikowahrnehmung ab.

Politische Auswirkungen (I_2):
Es ist von einem hohen öffentlichen Interesse während der gesamten Lage auszugehen. Der Ruf nach einem schnellen und effektiven Handeln der Behörden wird früh zu vernehmen sein. Die Suche nach „Schuldigen“ und die Frage, ob die Vorbereitungen auf das Ereignis ausreichend waren, dürften noch während der ersten Infektionswelle aufkommen. Ob es zu Rücktrittsforderungen oder sonstigen schweren politischen Auswirkungen kommt, hängt auch vom Krisenmanagement und der Krisenkommunikation der Verantwortlichen ab.

Psychologische Auswirkungen (I_3):
Mit einer Verunsicherung der Bevölkerung ist zu rechnen. Zu Verhaltensänderungen kann es kommen, wenn Menschen sich bedroht fühlen. Auch hier kommen unterschiedliche Faktoren zum Tragen, wie bspw. der Verlauf der Krankheit, das Wissen über Ursachen und konkrete Gefahren, die örtliche Nähe zu aufgetretenen Fällen usw.
Verhaltensänderungen können sich zeigen in:

- der Meidung von Menschenmassen
- der Meidung des öffentlichen Lebens überhaupt
- der Änderung des Aufenthalts (Verlassen des Wohnortes)

[14] Vgl. z. B. Quarantelli 2003, Geenen 2010.
Zu den langfristigen gesellschaftlichen Auswirkungen eines solchen Ereignisses liegen keine belastbaren Erkenntnisse vor, hier besteht noch Forschungsbedarf.

- der Zunahme von Anrufen bei Info-Hotlines
- der Zunahme von Arztbesuchen
- der Änderung des Kaufverhaltens

Darüber hinaus kann eine mangelhafte Information der Bevölkerung seitens der Behörden zu einem gesteigerten Misstrauen gegenüber staatlichem Handeln führen (insb. sobald Behandlungspriorisierungen bekannt oder in den Medien als Thema aufgebaut werden, ohne dass hierfür eine plausible Begründung gleichzeitig sachgerecht kommuniziert wird).

Schädigung von Kulturgut (I_4):
Mit unmittelbaren Auswirkungen auf Kulturgut ist nicht zu rechnen.

5. Referenzereignisse

- SARS-Pandemie 2002/2003, überwiegend in Kanada und einigen asiatischen Ländern.
- EHEC: Es wurden 855 HUS-Erkrankungen und 2.987 Fälle von EHEC-Gastroenteritis (ohne Entwicklung von HUS), also insgesamt 3.842 Erkrankungen erfasst.

In Deutschland hat es in den letzten Jahrzehnten kaum außergewöhnliches Seuchengeschehen gegeben, welches zu enormem materiellen Schaden oder Verlust von Menschenleben geführt hätte. Das Beispiel SARS zeigt jedoch, dass ein solches Seuchengeschehen leicht auch Länder mit hohen Entwicklungs- und Gesundheitsfürsorgestandards treffen kann.

Beispiele für beschriebene Ausbruchsmuster von SARS:

- Der Indexpatient infizierte 13 andere Hotelgäste und Besucher des Hotels M – diese Personen hatten keinen direkten Kontakt mit dem Indexpatienten.
- Ein Hotel M-Gast infizierte 47 Personen des Pflegepersonals und Ärzte, verursachte ca. 112 Sekundärinfektionen und 26 tertiäre Fälle.
- Ein weiterer Gast des Hotels infizierte zwischen Februar und Juni 225 Menschen in Toronto; in der Folge zählte das Toronto Health Department 2.132 Verdachtsfälle; 23.105 Kontaktpersonen wurden in Quarantäne genommen (Breugelmanns et al. 2004).
- Studie bei Medizinstudenten in Hong Kong: wer einen SARS-Patienten in dessen Bereich (vor Diagnose von SARS) besucht hatte, hatte eine 7-fach erhöhte Wahrscheinlichkeit zu erkranken. Alle Studenten, die mindestens einen Meter an den Patienten herankamen, infizierten sich.
- Flug: 16 von 119 Fluggästen (13%) infizierten sich (Laborbestätigte Fälle), 2 weitere Verdachtsfälle nach einem Flug mit einer symptomatischen Person. Das Risiko, sich zu infizieren, war 3-fach höher innerhalb eines 3-Reihen-Abstandes vor dem kranken Reisenden.

- Ein Patient infizierte 45% seiner Kontaktpersonen, diese Sekundärfälle infizierten 32% ihrer Kontakte.
- „Super Spreader“ (Personen, die mehr als zehn weitere Personen infizieren) waren in Hong Kong und Singapur für rund ¾ der Fälle verantwortlich.

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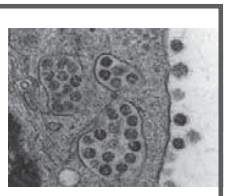
SARS Informationen



SARS-Coronavirus (Coronaviren), intrazellulär und an der Oberfläche von Verozellen. Transmissions-Elektronenmikroskopie, Ultradünnschnitt. Maßstab = 100 nm. Quelle: RKI Quelle: *Hans R. Gelderblom, Freya Kaulbars (2003)/RKI*

Erreger: SARS-Corona Virus (behülltes Virus, 80-200 nm, Positivstrang-RNA, ca. 30 kBasen Länge).

Inkubationszeit: 2-14 (meist 3-5) Tage

Infektiosität: Patienten werden infektiös wenn die Symptome schon deutlich ausgeprägt sind, also einige Zeit nach Symptombeginn, R0[15] wird mit 2,7 bzw. zwischen 2,2 und 3,7 geschätzt. Sogenannte „Super Spreader" werden bei der Berechnung nicht berücksichtigt. Virus wurde aus respiratorischen Sekreten, Stuhl und Urin angezüchtet und in Tränenflüssigkeit nachgewiesen.

Symptome: Fieber >38°C (100%), trockener Husten (100%), Atemnot (80%), radiologische Veränderungen, Schüttelfrost (73%), Übelkeit (70%), Myalgien (60%), Durchfall, Kopfschmerzen, Exanthem, Schwindelgefühl, Krämpfe, Appetitlosigkeit

Letalität: rund 10% (1-50%, abhängig von Alter und Sekundärerkrankungen)

Tenazität: Im Stuhl 1-2 Tage, bei Durchfall 4 Tage, auf Oberflächen (Fomite) Tage

Prophylaxe: Expositionsprophylaxe (Schutzkleidung, Isolation, Quarantäne), kein Impfstoff verfügbar

Therapie: nur symptomatisch, zwischen 20 und 30% müssen intensivmedizinisch betreut werden rund 14 % werden beatmungspflichtig, keine antiviralen Medikamente verfügbar. Schneller Therapiebeginn zur Verhinderung/Bekämpfung von (bakteriellen) Sekundärinfektionen verbessert die Prognose.

Dauer: 2002/3 konnte die Mehrheit der Patienten nach 3 Wochen aus dem Krankenhaus entlassen werden, in einigen Fällen dauerte es jedoch 40-50 Tage. Patienten über 60 Jahre mussten oft 60 Tage behandelt werden, und tödliche Verläufe machten in dieser Gruppe ca. 50% aus.

Eigenschaften, die SARS kontrollierbar machten

Später Beginn der Virusausscheidung
Virus wurde nur in Ausnahmefällen 3 Wochen nach Krankheitsbeginn isoliert, es wird keine Übertragung später als 10 Tage nach Deferveszenz berichtet.
SARS wurde nur selten bei kleinen Kindern beobachtet
Chronische Ausscheider oder asymptomatische Verläufe sind selten

[15] R0: gibt die Anzahl der Fälle an, die von einem Infizierten im Durchschnitt angesteckt werden.

Modi-SARS Informationen

Eigenschaften: wie SARS mit folgenden Ausnahmen:

Hypothetischer Erreger: Virus aus der Familie der Coronaviren

Inkubationszeit: 3 Tage

Infektiosität: Patienten können sofort mit Beginn der Symptome Viren ausscheiden, Virusausscheidung setzt nach 3 Tagen ein. Die Infektiosität endet mit dem Abklingen der klinischen Symptome, im Durchschnitt nach 16 Tagen.

Symptome: Fieber >38°C (100%), trockener Husten (100%), Atemnot (80%), radiologische Veränderungen, Schüttelfrost (73%), Übelkeit (70%), Myalgien (60%), Durchfall, Kopfschmerzen, Exanthem, Schwindelgefühl, Krämpfe, Appetitlosigkeit

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Dauer : erwartete Länge der infektiösen Phase ca. 13 Tage, erwartete Krankheitstage ca. 13,5 Tage, Tage im Krankenhaus ca. 19, Tage auf der Intensivstation ca. 19. Zeit von der Hospitalisierung bis zum Tod: durchschnittlich 28 Tage.

Antiepidemische Maßnahmen (Absonderung, Masken, Hygiene etc.): wurden von Tag 48 bis 408 modelliert, durch die Maßnahmen sinkt R0 von 3 auf 1,6.

Milder Verlauf: wird bei rund 5% der Fälle beobachtet, asymptomatischer Verlauf bei rund 2%.

Karte der räumlichen Verteilung der Anzahl erkrankter Personen zum Höhepunkt der ersten Erkrankungswelle

Modi-SARS

Tag 300, erkrankte Personen [in Tausend]